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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 14 AM 8:04

DOCUMENT # F52044

(7)

1. Corporation Name

REBA CORPORATION

Principal Place of Business

1570 MADRUGA
SUITE-216
CORAL GABLES FL 33148

Mailing Address

1570 MADRUGA
SUITE-216
CORAL GABLES FL 33148

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1981

3a. Date of Last Report

06/23/1994

4. FEI Number

59-2133333

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 Suite 211

27 Suite 211

23 City & State

28 City & State

24 Zip

29 Zip

25 Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARNS, PAUL D, JR
1570 MADRUGA
SUITE-216
CORAL GABLES FL 33148

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Suite 211

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-electing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD
NAME	BARNS, PAUL D., JR.
STREET ADDRESS	1570 MADRUGA AVE
CITY ST ZIP	CORAL GABLES FL
TITLE	VD
NAME	SEGALL, NORMAN S.
STREET ADDRESS	3191 CORAL WAY 3RD FLOOR
CITY ST ZIP	MIAMI FL
TITLE	D
NAME	BARNS, CAROL
STREET ADDRESS	7720 SW 53RD AVE.
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	1570 Madruga Ave, # 211
1.4 CITY ST ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Paul D. Barnes, Jr.

Paul D. Barnes, Jr.

4/27/95

666-6127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Typed

Telephone Number