## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(9)

DOCUN 1. Corporation	MENT # <b>F645</b> 9	3	(9)					
CRIST	TAL BUYING OFFICE, INC.							
Principal Place	of Business	Mailing Add	ress				400 IANI OTOH DIBH DIDH I	
% NIEVES OLEMBERG % NIEVES OLEMBERG								
800 NW 21ST STREET 8			800 NW 21ST STREET					
MIAMI FL 3	3127	MIAMI F	L 33127			3. Date Incorporated or Qualified	3a. Date of Last	
						01/26/1982	04/26/	1995
2. Principal Pla	ice of Business	2a. Mailing /	Address			4. FEI Number		Applied For
21		26				59-2195714		Not Applicable
Suite, Apt. #	t, etc.	— · ·	ot. #, etc.			5. Certificate of Status Desired	1 1	5 Additional e Required
City & State		27   City & S	tate		<del></del>	6. Election Campaign Financing	\$5	00 May Be
23		28				Trust Fund Contribution	1 1	ied to Fees
Zip	Country	Zıp		Country		8. This corporation has liability for	intangible tax under	s 199.032,
24	25	29		30			□No	
	9. Name and Address of Current	Registered Ag	ent	81	Name	10. Name and Address of New F	legistered Agent	
A) 54 (5	2000 AUD 50			61	Name			
OLEMBERG, NIEVES				82	Street Add	dress (P.O. Box Number is Not Acceptat	ole)	
800 NW 21ST STREET Miami Fl 33127				83			<del></del>	
MINAMI	FL 53127							
				84	City		FL  85	Zip Code
or registere	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid h, and accept the obligations of, Secti	<ul> <li>a. Such change:</li> </ul>	was authorized	, the above- I by the corp	named corpo oration's bo	oration submits this statement for the pu ard of directors. I hereby accept the app	rpose of changing its ointment as register	s registered office ad agent. I am
SIGNATURE _							DATE	
12.	Signature, typed or printed name of registered agent of OFFICERS AND		(NOTE	13.	nt signature requi	red when rainstating) ADDITIONS/CHANGES TO OFF		TORS IN 12
TITLE	SD		DELETE	1. 1 TITLE			☐ Chang	e 🔲 Addition
NAME	OLEMBERG, NIEVES			1.2 NAME				
STREET ADDRESS	800 NW 21ST ST			1.3 STREE	ADDRESS			
CITY-S1-ZIP	MIAMI, FL 00000			1.4 CITY - S	ST-ZIP			
TITLE	D		DEFELE	2. 1 TITLE			☐ Chang	e 🗀 Addition
NAME	OLEMBERG, ISAAC			2 2 NAME				
STREET ADDRESS	800 NW 21ST ST			2 3 STREET				
CITY-ST-ZIP	MIAMI, FL 00000	11-	) DELETE	2.4 CITY - :	ST-ZIP		[7] Chang	e   Addition
TIFLE NAME	OLEMBERG, ROBERTO	////	I DELL'IL	3.2 NAME				
STREET ADDRESS	800 N.W. 21 ST	V		1	T ADDRESS			
CHTY-ST-ZIP	MIAMI FL /	•		3.4 CITY-5				
TITLE		[	DELETE	4. 1 TITLE			☐ Char g	e 🔲 Addition
NAME				4.2 NAME				
STREET ADDRESS				4.3 STREE	ADDRESS			
CITY-ST-ZIP				4 4 CITY-:	ST- ZIP		<del></del> -	
THTLE			) DELETÉ	5 1 TITLE			☐ Charg	e 🗀 Addition
NAME				5.2 NAME				ļ
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			) DELETÉ	5.4 CHY-:	ST - ZIP		[7] Char g	e Addition
TIFLE		L.	1 Necestr	6.2 NAME			الم الم	
NAME STREET ADDRESS					T ADDRESS			1
CITY-ST-ZIP				6.4 CITY -	<b>!</b>			
14. I do hereb	y certify that the information supplied v	vith this filing is v	oluntarily furnis		s not qualify	for the exemption stated in Section 119	.07(3)(k), Florida Sta	tutes. 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 exposivered 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: ROBERTO OLEMBERG
SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 (305) 325-9000