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Apr 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000004730 (5)

1. Corporation Name
RONALBIN INC.



Principal Place of Business

Mailing Address

DEERWOOD - R.R. #2
NEWMARKET
ONTARIO - CANADA L9Y 4V9

c/o R. LEIBEL
131 BRAEMAR AVENUE
TORONTO
ONTARIO, CANADA M5P 2L3

DEERWOOD - R.R. #2
NEWMARKET
ONTARIO - CANADA L9Y 4V9

c/o R. LEIBEL
131 BRAEMAR AVENUE
TORONTO, ONTARIO
CANADA
M5P 2L3

3. Date Incorporated or Qualified
09/16/1996

3a. Date of Last Report

4. FEI Number

93-0081169

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 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KETCHAM, RODNEY S
1000 NORTH ATLANTIC AVE., STE 018
COCOA BEACH FL 32931

81 Name

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

83

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LEIBEL, BERNARD S
STREET ADDRESS DEERWOOD - R.R. #2
CITY - ST - ZIP NEWMARKET CANADA ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

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CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT AND DIRECTOR ☒ Change ☐ Addition
1.2 NAME LEIBEL, QUEENIE - c/o R. LEIBEL
1.3 STREET ADDRESS 131 BRAEMAR AVENUE
1.4 CITY - ST - ZIP TORONTO, ONTARIO, CANADA M5P 2L3

2.1 TITLE SECRETARY AND DIRECTOR ☐ Change ☒ Addition
2.2 NAME LEIBEL, ROBIN
2.3 STREET ADDRESS 131 BRAEMAR AVENUE
2.4 CITY - ST - ZIP TORONTO, ONTARIO, CANADA M5P 2L3

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robin Leibel Feb. 2097
ROBIN LEIBEL

Date

Daytime Phone #

0520374

CR2E034 (9/96)