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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996	CONT.	DIVISION OF COR	PORATIONS				
DOCUI 1. Corporation	MENT #	G63111	(0)					
	BY RB INC.							
						! <b>#80</b> !!!! <b>#1</b> !# <b>0</b> !!!! #1		(A)
Principal Place	of Rusiness	Ms	iling Address				ADA OKAT OKAK BUDIL O	
•	34TH STREET	IVIE	7300 N.W. 34TH STREET					
MIAMI FL			MIAMI FL 33122					
				•		3. Date Incorporated or Qualified 09/26/1983	3a. Date of La 08/0	ast Report <b>)9/1995</b>
	ace of Business	-··	Mailing Address			4. FEI Number		Applied For
1215	SE-9th-A	ve	P.O. Box 16 Suite, Apt. 4, etc.	50311		59-2454722	<u> </u>	Not Applicable
2	, 00	27	Conc, rept. #, etc.			5. Certificate of Status Desired		3.75 Additional Fee Required
City & State	)		City & State			6. Election Campaign Financing	\$	5.00 May Be
3 Miami		28	_Miami_FL			Trust Fund Contribution		Added to Fees
_ <sup>Zip</sup> 4		untry 29	Zip 33116 30	Country		8. This corporation has liability for in Florida Statutes	ntangible tax und	lers 199.032,
<u> </u>		dress of Current Regist				10. Name and Address of New R		t
•				81 Nam	ne			
BISIO,			<b>82</b> Stre	Street Address (P.O. Box Number is Not Acceptable)				
14421	E							
MAM	FL 33122			83				
				<b>84</b> City			85	Zip Code
44 Divolopt	o the prodeinne of C	actions (107,0500 and 100	4500 Fladab B4-4 4-1				FL  °°	<u> </u>
or register	ed agent, or both, in	the State of Florida. Such	change was authorized by	the corporation	i's board	on submits this statement for the pur of directors. I heroby accept the appo	pose of changing pintrrient as regis	j its registered опісє tered agent. I am
	in, and accept the ot	oligations of, Section 607.0	505, Florida Statutes.					
SIGNATURE _	Signature, typed or printed n	ame of registered agent and title if a	oplicable (NOTE Reg	istered Agent signatu	re re-jured w	hen reinstaling)	DATE	
12.	- BA	OFFICERS AND DIREC		13.		ADDITIONS/CHANGES TO OFF		
TITLE	PD BISIO, RICAI	eno.		1 1 THILE	PD		Cha	ange 🔲 Addition
NAM <del>E</del>		94 AVENUE		1.2 NAME		sio, Ricardo		
STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 3			1.3 STREET ADDRES		15 SE 9th Ave		
INTLE				1.4 City-ST-ZIP 2 1 TITLE	M1	ami_FL_33010	□ Cha	ange
NAME .				2 2 NAME				LI (100/con
STREET ADDRESS				2 3 STREET ADDRES	ss l			
DITY-ST-ZIP				2.4 CITY-ST-ZIP				
Hilf			DELETE	3. 1 TITLE			☐ Cha	inge 🔲 Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3. STREET ADDRES	ss			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			99990	Addison
TITUF NAME				4. 1 TITLE 4.2 NAME			)180 <del>1</del> 9™	nige Addition
STREET ADDRESS				4.2 NAME  4.3 STREET ADDRES	25	***200.00		•
DITY-ST-ZIP				4.4 City-ST-ZIP	~			
IITLE				5 1 THILE			☐ Cha	inge
NAME				5.2 NAME				
STREET AUDRESS				5 3 STREET ADDRES	SS			
C(TY-ST-Z)P		~~~~		5.4 CITY - ST - ZIP				
THILF			-	6 1 TITLE			☐ Cha	inge Addition
NAME		ላኅ		6.2 NAME				£15
STREET ADDRESS		V '		6 3 STREET ADDRES	is			4-24-90
CHTY-ST-ZIP	L podify that the info	areties emplied with this		6.4 CITY - ST - ZIP	1	the exemption stated in Section 119.	07/01/15	1 0/ 10

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR