

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 PM 8: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J98940**

(6)

1. Corporation Name

CORBIN, INC.

Principal Place of Business

**100 N. BISCAYNE BLVD. STE 1114
MIAMI FL 33132**

Mailing Address

**100 N. BISCAYNE BLVD. STE 1114
MIAMI FL 33132**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/27/1987

3a. Date of Last Report

04/01/1994

4. FEI Number

65-0058987

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

21 **Same**

2a. Mailing Address

26 **Same**

Suite, Apt. #, etc.

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

10. Name and Address of New Registered Agent

**SIGARS, L. JANA, ESQ.
%FOWLER, WHITE, ET AL
175 N.W. 1ST AVE., ELEVENTH FLOOR
MIAMI FL 33128**

81 Name **Sigars, L. Jana ESQ.**

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

% Holtzman, Krinzman, Equals Sigars & Fwiler

83 **2601 South Bayshore Dr. Suite 600**

84 City **Miami** FL 85 **33133**

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 this 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **GALINDO, JAIME**
STREET ADDRESS **1121 CRANDON BLVD E-505**
CITY - ST - ZIP **KEY BISCAYNE FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE **VD**
NAME **KURZNER, HOWARD**
STREET ADDRESS **13475 S.W. 63RD CT.**
CITY - ST - ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE **VTD**
NAME **KURZNER, AUDREY**
STREET ADDRESS **13475 S.W. 63RD CT.**
CITY - ST - ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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 changing or on an attachment with an address.

SIGNATURE:

(Jaime Galindo)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95
Date

(305)358-4882
Telephone Number