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Apr 29 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 # J98940

(6)

1. Corporation Name
CORBIN, INC.



Principal Place of Business

400 N. BISCAYNE BLVD. STE 1114
MIAMI FL 33132

Mailing Address

400 N. BISCAYNE BLVD. STE 1114
MIAMI FL 33132-2310

2344 Salzedo Street ← same
Coral Gables, FL 33134

2. Principal Place of Business

21 2344 Salzedo Street
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Coral Gables, FLA

City & State

27 City & State

Zip

24 33134

Country

25 U.S.A.

Zip

29

Country

30

9. Name and Address of Current Registered Agent

SIGARS, L. JANA, ESQ.

~~HOLTZMAN, KRINZMAN, EGELS, SIGARS, FULTON~~

~~2801 SOUTH BAYSHORE DR SUITE 600~~

~~MIAMI FL 33133~~

3. Date Incorporated or Qualified

10/27/1987

3a. Date of Last Report

04/23/1996

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

10. Name and Address of New Registered Agent

81 Name

Sigars L. Jana Esq

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

5200 Blue Lagoon Drive

83

Suite 600

84 City

Miami

FL

85 Zip Code

33126

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 NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

PD GALINDO, JAIME
1121 CRANDON BLVD E-505
KEY BISCAYNE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VD KURZNER, HOWARD
13475 S.W. 63RD CT.
MIAMI FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VTD KURZNER, AUDREY
13475 S.W. 63RD CT.
MIAMI FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME ☒ Change ☐ Addition

President
Jaime Galindo
new address: 2344 Salzedo Street
Coral Gables, FLA-33134

1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE 2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE 3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME ☐ Change ☐ Addition

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, 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:

(Jaime Galindo President) 4/29/97

CR2E034 (9/96)