

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K17093 (1)**

1. Corporation Name
URBIS CORPORATION



Principal Place of Business: **4010 N.W. 11 STREET MIAMI FL 33126**
Mailing Address: **4010 N.W. 11 STREET MIAMI FL 33126**

21	2. Principal Place of Business	2a	Mailing Address
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	03/04/1988		05/01/1995
4.	FEL Number	Applied For	
	65-0033255	<input checked="" type="checkbox"/> Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
URBISTONDO, JESUS 4010 N.W. 11 STREET MIAMI FL 33126				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent's signature is required when registering.)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	URBISTONDO, JESUS		2. NAME				
STREET ADDRESS	4010 N.W. 11 STREET		13. STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		14. CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	URBISTONDO, ASTRID		22. NAME				
STREET ADDRESS	4010 N.W. 11 STREET		23. STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		24. CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME			32. NAME				
STREET ADDRESS			33. STREET ADDRESS				
CITY-ST-ZIP			34. CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			42. NAME				
STREET ADDRESS			43. STREET ADDRESS				
CITY-ST-ZIP			44. CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			52. NAME				
STREET ADDRESS			53. STREET ADDRESS				
CITY-ST-ZIP			54. CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			62. NAME				
STREET ADDRESS			63. STREET ADDRESS				
CITY-ST-ZIP			64. CITY-ST-ZIP				

Vice-President
SILVIA LA VILLA
4010 N.W. 11 ST.
MIAMI - FL 33126

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-04/02/96--01006--021
*****208.75**

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)(c), 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: *Astrod Urbistondo* **3/11/96** **599-2600 ext 5128**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)