

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 # **K24251** (6)

1. Corporation Name
R.B. MARINE & INDUSTRIAL, CORP.



Principal Place of Business: **13022 S.W. 133 COURT MIAMI FL 33186**
Mailing Address: **13022 S.W. 133 COURT MIAMI FL 33186**

3. Date Incorporated or Qualified: **05/19/1988**
3a. Date of Last Report: **01/19/1995**
4. FEI Number: **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

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

9. Name and Address of Current Registered Agent
**BENAVENTE, RAFAEL
13022 SW 133 CT
MIAMI FL 33186**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ (Print Name, Registered Agent, Signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS
[] DELETE
TITLE: **PD**
NAME: **BENAVENTE, RAFAEL**
STREET ADDRESS: **13022 SW 133 CT**
CITY-ST-ZIP: **MIAMI FL**
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[] Change [] Addition
1. 1. TITLE
1. 2. NAME
1. 3. STREET ADDRESS
1. 4. CITY-ST-ZIP
2. 1. TITLE
2. 2. NAME
2. 3. STREET ADDRESS
2. 4. CITY-ST-ZIP
3. 1. TITLE
3. 2. NAME
3. 3. STREET ADDRESS
3. 4. CITY-ST-ZIP
4. 1. TITLE
4. 2. NAME
4. 3. STREET ADDRESS
4. 4. CITY-ST-ZIP
5. 1. TITLE
5. 2. NAME
5. 3. STREET ADDRESS
5. 4. CITY-ST-ZIP
6. 1. TITLE
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 owner 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 attached sheet with an address.

SIGNATURE: _____ DATE: **1/17/96** (305) 253-4447

CR2E034 (12/95)