

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

May - 1 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K64804

(3)

1. Corporation Name

ROBLIN ASSOCIATES INC.

Principal Place of Business

9735 NW 52ND STREET
#314
MIAMI FL 33178

Mailing Address

9735 NW 52ND STREET
#314
MIAMI FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

02/10/1989

12/30/1994

4. TEL Number

65-0117797

Applied For

Not Applicable

5. Certificate of Status Desired

\$0.75 Additional

Fee Required

6. Election Campaign Finance
Trust Fund Contribution

\$5.00 May Be

Added to Fees

7. This corporation has liability for intangible tax under § 196.032
Florida Statutes Yes No

10. Name and Address of New Registered Agent

**COHEN, ROBERT J.
9735 NW 52ND ST.
MIAMI FL 33178**

81. Name

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

83.

84. City

FL 85. Zip Code

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 607.0508, Florida Statutes.

SIGNATURE:

Robert J. Cohen, Registered Agent and Corporate Officer

Robert J. Cohen, Registered Agent and Corporate Officer

5/27/95

12. OFFICERS AND DIRECTORS		13. ADDRESS OF MAILING ADDRESS FOR CHANGES OR ADDITIONS	
Officer	Name	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer	Name	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer	STREET ADDRESS	3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer	CITY, ST, ZIP	4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer	Name	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer	NAME	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer	STREET ADDRESS	7. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer	CITY, ST, ZIP	8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer	Name	9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer	NAME	10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer	STREET ADDRESS	11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer	CITY, ST, ZIP	12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer	Name	13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer	NAME	14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer	STREET ADDRESS	15. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer	CITY, ST, ZIP	16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer	Name	17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer	NAME	18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer	STREET ADDRESS	19. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer	CITY, ST, ZIP	20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare, orally, that the information supplied with this filing is voluntarily furnished and true and accurate to the best of my knowledge and belief, and that my signature shall have the same legal effect as if made under oath. That I am the officer or director of this corporation or the trustee or trust company engaged to execute the instrument as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 1A, of my original or amended certificate of incorporation, and my address:

SIGNATURE: Robert J. Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/95 **305-591200**