

**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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 FEB 24 PM 3: 52

**DOCUMENT # M55119 (5)**

1. Corporation Name  
**ROBINSK OF FLORIDA, INC.**

Principal Place of Business: **1039 KANE CONCOURSE BAY HARBOR FL 33154**  
Mailing Address: **1039 KANE CONCOURSE BAY HARBOR FL 33154**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/07/1987</b>	3a. Date of Last Report <b>05/27/1994</b>
4. FEI Number <b>65-0064721</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under § 199 (3)(2) Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	26	Suite, Apt. #, etc	
22	27	City & State	
23	28	City & State	
24	25	29	30
Zip	Country	Zip	Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>KASSIN, ROBERTO 65 NW 168 ST. NORTH MIAMI FL 33169</b>				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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Registered Agent or printed name of registered agent and title if applicable \_\_\_\_\_  
New Registered Agent (print name and title) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (4, 12)	
TITLE	<b>D</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAPU, LEON</b>	1.7 NAME	
STREET ADDRESS	<b>1039 KANE CONCOURSE</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>BAY HARBOR FL</b>	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and claim not readily for the exemption stated in Section 199(3)(2) Florida Statutes. I further certify that the information presented is true, correct and complete and that my signature shall have the same legal effect as if made on the oath. That I am an officer or director of the corporation for the period of time requested to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE: **X**  **X**  
DATE: **2/6/95** X  
INCLUDE AND PRINTED NAME OF BOARD OFFICER OR DIRECTOR