

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M73303** (3)

1. Corporation Name

ROBERT FINE AND ASSOCIATES, INC.



Principal Place of Business

**4211 AURORA ST
CORAL GABLES FL 33146
US**

Mailing Address

**4211 AURORA ST
CORAL GABLES FL 33146
US**

3. Date Incorporated or Qualified
03/17/1988

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0040911

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. 199.03?
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HABER, DAVID B E
1 BISCAYNE TWR
STE 3250 2 SO BISCAYNE BLVD
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and for all agents

(If 24-Hour Registered Agent Service is required, please indicate)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**DPT
FINE, ROBERT
360 SOLANO PRADO
CORAL GABLES FL**

TITLE ☐ DELETE

**DVS
FINE, ISABEL
360 SOLANO PRADO
CORAL GABLES FL**

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11

TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21

TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31

TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41

TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51

TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61

TITLE

62 NAME

63 STREET ADDRESS

64 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 (305) 444-3570

CR2E034 (12/95)