SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

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

1996 8-12-96 0-7752 C

DOCUMENT # P25106 (6)

1. Corporation Name

RUBUFF REALTY CORP.

Principal Place of Business	Mailing Address
10351 SW 14TH STREET MIAMI FL 33174	10351 SW 14TH STREET MIAMI FL 33174

3. Date Incorporated or Qualified: 07/03/1989
3a. Date of Last Report: 07/06/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 11-2561042 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GOMEZ, FLORENCIO
4230 SW 115 AVE
MIAMI FL 33165

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	RUBIN, DENNIS		12 NAME		
STREET ADDRESS	260 ELLSWORTH AVENUE		13 STREET ADDRESS		
CITY-ST-ZIP	STATEN ISLAND NY		14 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	21 TITLE	VD	☑ Change ☐ Addition
NAME	GOMEZ, FLORENCIO		22 NAME	GOMEZ, FLORENCIO	
STREET ADDRESS	10351 SW 14TH ST.		23 STREET ADDRESS	14219 SW 55 STREET	
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP	MIAMI, FL. 33175-5832	
TITLE	STD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	RUBIN, BERNARD		32 NAME		
STREET ADDRESS	631 LOMOKA AVE		33 STREET ADDRESS		
CITY-ST-ZIP	STATEN ISLAND NY		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] VD 6-12-96 305-553-3169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #