

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

**APPROVED
AND
FILED**

95 MAY 16 AM 8:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P92000002562 (6)

1. Corporation Name

NORYB CONSTRUCTION CORPORATION

Principal Place of Business

Mailing Address

**2250 SW 3RD AVE
5TH FLOOR
MIAMI FL 33129
US**

**2250 SW 3RD AVE
5TH FLOOR
MIAMI FL 33129
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1992

3a. Date of Last Report

05/27/1994

4. FEI Number

65-0372038

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LITHMAN, ROBERT P
2250 SW 3RD AVE
5TH FLOOR
MIAMI FL 33129**

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **LITHMAN, ROBERT P**
STREET ADDRESS **2250 SW 3RD AVE**
CITY - ST - ZIP **MIAMI FL**

1 **TITLE**
2 **NAME**
3 **STREET ADDRESS**
4 **CITY - ST - ZIP**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2 **TITLE**
2 **NAME**
3 **STREET ADDRESS**
4 **CITY - ST - ZIP**

☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP

3 **TITLE**
3 **NAME**
3 **STREET ADDRESS**
4 **CITY - ST - ZIP**

☐ Change ☐ Addition

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4 **TITLE**
4 **NAME**
4 **STREET ADDRESS**
4 **CITY - ST - ZIP**

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP

5 **TITLE**
5 **NAME**
5 **STREET ADDRESS**
5 **CITY - ST - ZIP**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6 **TITLE**
6 **NAME**
6 **STREET ADDRESS**
6 **CITY - ST - ZIP**

☐ Change ☐ Addition

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)(b), 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

Robert P. Lithman

DATE

5/12/95

DAYTIME PHONE #

(305) 858-0220