

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Saraha B. Moynihan  
Secretary of State  
DIVISION OF CORPORATIONS

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

**95 FEB 23 PM 3: 02**

**DOCUMENT # P92000006551 (5)**

1. Corporation Name

**HARBIE DEVELOPMENT, INC.**

Principal Place of Business

Mailing Address

**2200 NW 102 AVE  
MIAMI FL 33172  
US**

**2200 NW 102 AVE  
MIAMI FL 33172  
US**

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>11/20/1992</b>   | 3a. Date of Last Report<br><b>04/28/1994</b>           |
| 4. FEI Number<br><b>65-0371591</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under S. 190.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

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

9. Name and Address of Current Registered Agent

**FREEMAN, STEPHEN A  
520 BRICKELL KEY DR  
SUITE 0-305  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 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 \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS |   |
|----------------------------|--------------------------|--|---|
| TITLE                      | <b>D</b>                 | 1. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HARBIE, JOSEPH</b>    | 1. NAME  |   |
| STREET ADDRESS             | <b>2200 NW 102 AVE</b>   | 1. STREET ADDRESS                                |   |
| CITY, ST, ZIP              | <b>MIAMI FL</b>          | 1. CITY, ST, ZIP                                 |   |
| TITLE                      | <b>VPS</b>               | 2. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HARBIE, MIKHAEL</b>   | 2. NAME  |   |
| STREET ADDRESS             | <b>2200 NW 102ND AVE</b> | 2. STREET ADDRESS                                |   |
| CITY, ST, ZIP              | <b>MIAMI FL</b>          | 2. CITY, ST, ZIP                                 |   |
| TITLE                      |                          | 3. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 3. NAME  |   |
| STREET ADDRESS             |                          | 3. STREET ADDRESS                                |   |
| CITY, ST, ZIP              |                          | 3. CITY, ST, ZIP                                 |   |
| TITLE                      |                          | 4. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 4. NAME  |   |
| STREET ADDRESS             |                          | 4. STREET ADDRESS                                |   |
| CITY, ST, ZIP              |                          | 4. CITY, ST, ZIP                                 |   |
| TITLE                      |                          | 5. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 5. NAME  |   |
| STREET ADDRESS             |                          | 5. STREET ADDRESS                                |   |
| CITY, ST, ZIP              |                          | 5. CITY, ST, ZIP                                 |   |
| TITLE                      |                          | 6. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 6. NAME  |   |
| STREET ADDRESS             |                          | 6. STREET ADDRESS                                |   |
| CITY, ST, ZIP              |                          | 6. CITY, ST, ZIP                                 |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and clearly and truly qualify for the certification stated in Sections 190.032 and 190.033, 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 receive the report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR