

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P92000014042 (5)**

1. Corporation Name

**MB ACQUISITION CORP.**

Principal Place of Business

**446 COLLINS AVE  
MIAMI BEACH FL 33139  
US**

Mailing Address

**446 COLLINS AVE  
MIAMI BEACH FL 33139  
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

3. Date Incorporated or Qualified

**12/24/1992**

3a. Date of Last Report

**03/31/1994**

4. FEI Number

**65-0396027**

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

**PASTERNAK, MARSHALL R  
C/O GREENBERG TRAURIG  
1221 BRICKELL AVE  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

**Robert R. Threath**

82 Street Address (P.O. Box Number is Not Acceptable)

**446 Collins Avenue**

83

84 City

**Miami Beach FL**

85 Zip Code

**33139**

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 607.0503, Florida Statutes.

SIGNATURE

*Robert R. Threath*  
Signature, typed or printed name of registered agent and title if applicable.

*Robert R. Threath*  
(NOTE: Registered Agent signature required when re-registering)

**4/28/95**  
DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**POTS  
KRAMER, THOMAS  
446 COLLINS AVE  
MIAMI BEACH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

**VP  
H. Hanau  
446 Collins Avenue  
Miami Beach, FL 33139**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

**VPS  
M. NEE  
446 Collins Avenue  
Miami Beach, FL 33139**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 110.07(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 this 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:

*Margaret Nee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/95 305-532-2519**  
DATE (Typed Name)