

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000003531 (9)

1. Corporation Name

N.M.B. BUILDING, INC.



Principal Place of Business

**1111 KANE CONCOURSE, SUITE 401
BAY HARBOR ISLANDS FL 33154**

Mailing Address

**C/O SAKOWITZ & SAKOWITZ
1111 KANE CONCOURSE, SUITE 401
BAY HARBOR ISLANDS FL 33154**

2. Principal Place of Business

2a. Mailing Address

21. State: **FL**

26. State: **FL**

22. City & State

27. City & State

23. Zip: Country

28. Zip: Country

24. 25. 29. 30. g. Name and Address of Current Registered Agent

**SAKOWITZ, ALAN
1111 KANE CONCOURSE, SUITE 401
BAY HARBOR ISLANDS FL 33154**

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 607.150(2) and 607.150(3) 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 hereby acknowledging and accepting the obligations of Sections 607.150(2) Florida Statutes.

SIGNATURE

DATE

DATE

12. OFFICERS AND DIRECTORS

1. NAME: **P GREENBOIM, ABRAHAM**
2. STREET ADDRESS: **1111 KANE CONCOURSE, SUITE 400**
3. CITY, STATE, ZIP: **BAY HARBOR ISLANDS FL 33154**
4. TITLE: ☐ OFFICE
5. NAME: ☐ OFFICE
6. STREET ADDRESS: ☐ OFFICE
7. CITY, STATE, ZIP: ☐ OFFICE
8. TITLE: ☐ OFFICE
9. NAME: ☐ OFFICE
10. STREET ADDRESS: ☐ OFFICE
11. CITY, STATE, ZIP: ☐ OFFICE
12. NAME: ☐ OFFICE
13. STREET ADDRESS: ☐ OFFICE
14. CITY, STATE, ZIP: ☐ OFFICE
15. NAME: ☐ OFFICE
16. STREET ADDRESS: ☐ OFFICE
17. CITY, STATE, ZIP: ☐ OFFICE
18. NAME: ☐ OFFICE
19. STREET ADDRESS: ☐ OFFICE
20. CITY, STATE, ZIP: ☐ OFFICE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME: ☐ Change ☐ Addition
2. STREET ADDRESS: ☐ Change ☐ Addition
3. CITY, STATE, ZIP: ☐ Change ☐ Addition
4. TITLE: ☐ Change ☐ Addition
5. NAME: ☐ Change ☐ Addition
6. STREET ADDRESS: ☐ Change ☐ Addition
7. CITY, STATE, ZIP: ☐ Change ☐ Addition
8. TITLE: ☐ Change ☐ Addition
9. NAME: ☐ Change ☐ Addition
10. STREET ADDRESS: ☐ Change ☐ Addition
11. CITY, STATE, ZIP: ☐ Change ☐ Addition
12. NAME: ☐ Change ☐ Addition
13. STREET ADDRESS: ☐ Change ☐ Addition
14. CITY, STATE, ZIP: ☐ Change ☐ Addition
15. NAME: ☐ Change ☐ Addition
16. STREET ADDRESS: ☐ Change ☐ Addition
17. CITY, STATE, ZIP: ☐ Change ☐ Addition
18. NAME: ☐ Change ☐ Addition
19. STREET ADDRESS: ☐ Change ☐ Addition
20. CITY, STATE, ZIP: ☐ Change ☐ Addition

14. I hereby certify that the information supplied in 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 supplement to annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, or the recorder 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 or changes to an appointment with this address.

SIGNATURE:

Abraham Greenboim President

1/15/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (12/95)