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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #  1. Corporation Name	P93000015695	(8)
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## BUCHBERG INVESTMENTS HOLDING, INC.

			i inditeti tin lande erur abrut norr	SBILL EBIEL ISSEL GISLA GILLA IGLAL DILL LAGE.	
Principal Place of	of Business	Mailing Address			
1320 SOUTH (	DIXIE HIGHWAY	1320 SOUTH DIXIE HIGH	WAY		
SUITE 830		SUITE 830	^		
CORAL GABLES FL 33146 CORAL GABLES FL 33146			3. Date Incorporated or Qualified	3a. Date of Last Report	
				03/02/1993	04/25/1995
2. Principal Plac	ne of Business	2a. Mailing Address	. 1	4, FEI Number	Applied For
21 <b>5030</b>	PINE TREE DR	26 50 30 P/	NE TREE DR	65-0390642	Not Applicable
Suite, Apt. #,		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		•	- Fee Required
City & State		City & State	مد	6. Election Campaign Financing	\$5.00 May Be
23 MIAMI	BEACK FL	28 MIRTH BEAC	H FL	Trust Fund Contribution	Auged to 1 ees
Zip	Country	Zip	Country	8. This corporation has liability for Florida Statutes Yes	Intangible tax under s 199.002,
24 33/	90 25		30	10. Name and Address of New F	
	g. Name and Address of Currer	it Registered Agent	81 Name A	10. Name and Address of Non-	-
			H	KIVA BUCHBER	<u> </u>
Breier,	ROBERT G		B2 Street Adding	ess (P.O. Box Number is Not Acceptate	ole)
1320 SO	UTH DIXIE HIGHWAY		503	O PING TREE	
SUITE 83	30		83		
	GABLES FL 33146		84 City	A	FL 85 Zip Code 33/40
			1 17/2	IMI BEACH	FL 33/40
11. Pursuant to	the provisions of Sections 607.050	and 607.1508, Florida Statutes	, the above-named corpor	ation submits this statement for the pured of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am
	ed agent, or both, in the State of Flori h, and accept the Coligations of, Sec		1 by the corporation's boat	d of directors, thereby decept the app	
			ineus		Y/24/2
SIGNATURE	viture typed printed name of registered agen	LCHBERG PRES	: Registered Agent signature required	g when reinstating)	DATE /
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	D	☐ DELETE	1.1 TITLE	and a large	
NAME	BUCHBERG, AKIVA		1.2 NAME	UCHBERG ARIVA	
STREET ADDRESS	1320 S. DIXIE HWY, SUITE	830	1.3 STREET ADDRESS 5	UCHBERG AKIVA 030 PINE TREE OR	·
CITY-ST-ZIP	CORAL GABLES FL 33146		1.4 C(TY - ST - Z(P	IAMI DEACH, PL 3	Change Addition
TITLE		☐ DELETE	2 1 TITLE		Change [] Addition
NAMÉ			22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY - S1 - ZIP		
TITLE		☐ DELETE	3 1 TITLE		☐ Charge ☐ Addition
NAME	{		3.2 NAME		
STREET ADDRESS	}		3.3 STREET ADDRESS		
CITY - SI - ZIF			3 4 CITY-ST-ZIP		
TITLE		☐ DELETE	4. 1 TITLE		Charge Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY - ST - ZIP		
TITLE		☐ DELETE	5 1 TITLE	<del></del>	Change Addition
NAMÉ		<del>-</del> -	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
			5.4 CITY - ST - ZIP		
CITY-ST-ZIP		☐ DELETE	6 1 TITLE		Change Addition
TILE		<u></u>	62 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY - SI - ZIP		
CITY_ST_7IP	1		0.4 ((() - 2) - 2 ()		

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

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR OF IDENT

Daytime Phone #