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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000044466

1. Corporation Name
CB FINANCIAL GROUP, INC.



Principal Place of Business
 5411 N STATE RD 7
 TAMARAC FL 33321

Mailing Address
 5411 N STATE RD 7
 TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/23/1993

4. FEI Number
65-0417518

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 owes the current year intangible Personal Property Tax. Yes No

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For			
5055 NW 165 ST		5055 NW 165 ST		65-0417518		Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Not Applicable			
MIAMI, FL		MIAMI, FL		<input type="checkbox"/>		\$8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip		Country		Zip		Country		8. This corporation owes the current year intangible Personal Property Tax.	
33014		USA		33014		USA		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CABUS, ALBEIRA
 5411 N STATE RD 7
 TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name
CABUS, ALBEIRA

82 Street Address (P.O. Box Number is Not Acceptable)
5055 NW 165 ST

83

84 City
MIAMI

85 Zip Code
FL 33014

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 *Albeira Cabus* DATE 1/29/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABUS, ALBEIRA	1.2 NAME	CABUS, ALBEIRA
STREET ADDRESS	4211 NW 67 TERR	1.3 STREET ADDRESS	5055 NW 165 ST
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	MIAMI, FL 33014
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABUS, LUCIANA	2.2 NAME	CABUS, LUCIANA
STREET ADDRESS	3877 CORAL TREE CIR	2.3 STREET ADDRESS	5055 NW 165 ST
CITY-ST-ZIP	COCONUT CREEK FL	2.4 CITY-ST-ZIP	MIAMI, FL 33014
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABUS, ADEMAR	3.2 NAME	CABUS, ADEMAR
STREET ADDRESS	4211 NW 67 TERR	3.3 STREET ADDRESS	5055 NW 165 ST
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	MIAMI, FL 33014
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABUS, VALDIR	4.2 NAME	CABUS, VALDIR
STREET ADDRESS	4120 COCOPLUM CIR	4.3 STREET ADDRESS	5055 NW 165 ST
CITY-ST-ZIP	COCONUT CREEK FL	4.4 CITY-ST-ZIP	MIAMI, FL 33014
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Valdir Cabus* DATE 1/29/99 DAYTIME PHONE # 305-622-3021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)