

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000062984 (8)**

1. Corporation Name

R.A.B. PROPERTIES, INC.



Principal Place of Business

**3161 HALLANDALE BEACH BLVD #101
HALLANDALE FL 33009**

Mailing Address

**1119 16TH ST
MIAMI BEACH FL 33139
US**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified
09/09/1993

3a. Date of Last Report
02/10/1995

4. FCI Number
65-0439574

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

**PATRICK, MARTY ESO
MARTIN HOWARD PATRICK PA
1141 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154**

10. Name and Address of New Registered Agent

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 607.0502 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 obligation of, Section 607.0506, Florida Statutes.

SIGNATURE

(Signature of Officer or Director, or the Secretary, or the Registered Agent, or the person authorized to execute this report)

(Signature of Registered Agent, or the person authorized to execute this report)

(Signature of the person authorized to execute this report)

12. OFFICERS AND DIRECTORS

NAME	P	☐ DELETE
NAME	KAISER, RONALD	
STREET ADDRESS	3161 HALLANDALE BEACH BLVD	
CITY-STATE-ZIP	HALLANDALE FL	
NAME	ST	☐ DELETE
NAME	GELFMAN, BERNARD	
STREET ADDRESS	3161 HALLANDALE BEACH BLVD	
CITY-STATE-ZIP	HALLANDALE FL	
NAME	V	☐ DELETE
NAME	WINDER, ADAM	
STREET ADDRESS	3161 HALLANDALE BEACH BLVD	
CITY-STATE-ZIP	HALLANDALE FL	
NAME	D	☐ DELETE
NAME	WINDER, PETER	
STREET ADDRESS	3161 HALLANDALE BEACH BLVD	
CITY-STATE-ZIP	HALLANDALE FL 33009	
NAME		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 119.07(3)(d), 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.

SIGNATURE:

Bernard Gelfman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERNARD GELFMAN

2/9/96

305 672-6442

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