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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

## DOCUMENT # 1. Corporation Name P93000075641 (9)

COMPETITIVE BUSINESS STRATEGIES, INC.										
Principal Place	of Business	Mailing Address				L DOMESTIC LEGICAL TOLLO BULLE DULLE	<b>08111 (687)1 18</b>	881 BILLE BILL	FOIDEL HOLITER	
19370 COLLI	ns avenue		19370 COLLINS AVENUE							
APT. 1523		APT. 1523	APT. 1523 MIAMI BEACH FL 33160							
MIAMI BEACI	1 FL 33160	MIAMI DEACH T	MIAMI DEMON PL 33100			3. Date Incorporated or Qualified 10/26/1993	04/28/1995			
2. Principal Pla	ice of Business	2a. Mailing Addres	2a. Mailing Address			4. FEI Number		-	Applied For	
21		26				65-0446872 Not Applicable				
Suite, Apt. #	t, etc	——————————————————————————————————————	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required	
Crty & State		City & State	City & State			6. Election Campaign Financing			May Be	
23		<sub>1</sub>	28			Trust Fund Contribution	Added to Fees			
Zip				ountry 8. This corporation has liability for intangible tax under			x under s	199.032,		
24	25	29	[30]	)		Florida Statutes Yes				
	9. Name and Address of Co	urrent Registered Agent				10. Name and Address of New R	egistered .	Agent		
			*	רן ויו	lame					
ROSENBERG, JAMES H			Ε	82 Street Address (P.O. Box Number is Not Acceptable)						
	COLLINS AVENUE		-	33						
APT. 15								<del></del>		
MIAMI E	BEACH FL 33160		[8	34 (	Dity		FL	85 Zi	p Code	
11. Pursuant t	o the provisions of Sections 607.	.0502 and 607.1508, Florida	Statutes, the above	e-nan	ned corporati	ion submits this statement for the pur	nose of cha	anging its r	egistered office	
or register	ed agent, or both, in the State of h, and accept the obligations of,	f Florida. Such change was au	ithorized by the co	rpora	ition's board	of directors. I hereby accept the appoint	ointment as	registered	Lagent, Lam	
	in, and accept the designations on	, 0001011 007.0300, 710100 01								
SIGNATURE _	Signature typed or printed name of registerer	od agent and title it ar plicable.	(NOTE: Registered A	gent ay	gnature required w		DATE			
12.		RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF				
TITLE				1. 1 TITLE			ι	Change	☐ Addition	
NAME				ME						
STREET ADDRESS	19370 COLLINS AVENU	E API. 1523								
CITY - S1 - ZIF	MIAMI BEACH FL	[ ] DELET	14 CITY		?IP			Change	Addition	
TITLE				2 1 TITLE 2.2 NAME				change		
NAME			1	2.3 STREET ADDRESS						
STREET ADDRESS			2 4 CIT		<b>\</b>					
CITY - ST - ZIP		[] DELET					[	Change	Addition	
NAME			3 2 NA				•			
STREET ADDRESS			3.3. ST		DDRESS					
CHTY-ST-ZIP			3.4 CIT							
Tille		☐ DELFT						☐ Cnange	☐ Addition	
NAME			4.2 NAI	ΜE						
STREET ADDRESS	<u> </u>		4.3 STF	REET AD	DRESS -					
CITY - ST - ZIP			: 4.4 CIT	Y-\$1-	ZiP				<u></u>	
TITLE		☐ DELET	E 5 1 ΤΙΤ	LF			1	☐ Change	Addition	
NAME			5.2 NA	ME						
STREET ADDRESS			5 3 STF	REET AD	ODRESS					
CITY-ST-ZIP		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5 4 Cf7		7IP			<u> </u>	FT Addition	
THILE		☐ DELET						Cnange	Addition	
NAME			6 2 NA							
STREET ADDRESS					DORES\$					
	1		II 6.4 CIT	Y-\$T-	71P					

14. 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 13 if changed, or on an atlachment with an address.

SIGNATURE:

ICER OR DIRECTOR

JAMES H. ROSENBERG 4/22/96 (305)937-4825