## 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

P94000044035 (1)

**DOCUMENT #** 1. Corporation Name

REBULL HOLDINGS, INC.

Principal Place of Business

Mailing Address

**FILED** Mar 18 1996 8:00 am Secretary of State



SUITE 501	Douglas road Bles fl 33134	SUITE 501	C/O 2600 DOUGLAS ROAD SUITE 501 CORAL GABLES FL 33134		3. Date Incorporated or Qualified 06/14/1994	3a. Date of Last Report 03/20/1995		
2. Principal Pla	ace of Business	2a. Mailing Address 26	"າ ້		4. FEI Number 65-0499673		ed For Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	•		5. Certificate of Status Desired	S8.75 Add	\$8.75 Additional Fee Required	
City & State		City & State	······		<b>6.</b> Election Campaign Financing Trust Fund Contribution	□ \$5.00 M Added to	Fees	
Zip <b>24</b>	Country 25	Zip <b>29</b>	Countr 30	У	8. This corporation has liability for in Florida Statutes Yes	□No	.032,	
<del>-</del>	9. Name and Address of Current	Hegistered Agent	8	I Name	10. Name and Address of New R	egistered Agent		
MUR, LAZARO J			8:	2 Street	Address (P.O. Box Number is Not Acceptab	le)		
2600 E Suite	OOUGLAS ROAD		ő:	1		·		
	GABLES FL 33134				·····			
			84	] ",		FL 85 Zip Co		
or registere	o the provisions of Sections 607.0502 and agent, or both, in the State of Flond h, and accept the obligations of, Section	a. Such change was authorize	ed by the cor	named co poration's	orporation submits this statement for the pur board of directors. I hereby accept the appo	pose of changing its regist pintment as registered ager	ered office nt. I am	
SIGNATURE _	Signature, typed or printed name of registered agent a	ing Brit de Justine 1917	7					
12.	Ignature, typed or printed name of registured agent and title if applicable. (NOTE Bugstein d Agent is  OFFICERS AND DIRECTORS 13.			on sour acure r	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS II		
TITLE	Proud and	DELETE	E 1. 1 THLE		P		Addition	
NAME	RESULL, JULIO 2600 DOUGLAS RD. #500		1.2 NAME		REBULL, JULIO 2600 Douglas Road, #500			
STREET ADDRESS CITY-ST-ZIP	CORAL GABLES FL 33134			LADDHESS	Coral Gables, FL 3		] [	
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NAME		<u> </u>	2 2 NAME				Addition	
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NAME		□1 ****	4.2 NAME			□ Mange □	AGGROUT	
STREET ADDRESS				LADDRESS				
CITY-ST-ZIP	•		4.4 CITY -	S1 - ZIF				
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CITY-ST-ZIP		DELETE	5.4 CITY -	ST-ZIF	***200.00			
TITLE NAME		T DEFEIR	6. 1 TITLE			☐ Change ☐	Addition	
STREET ADDRESS			6.2 NAME	1 ADDRESS		4	&V /19	
CITY-ST-ZIP			5 4 CHY-			•	~~~	
44 11 11			040111	31 - 21F				

14. I do hereby certify that the Information supplied with this filing is voluntarily furnished and does not qualfy 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 exponation or the receiver 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, on an attachment with an address.

NING OFFICER OR DIRECTOR

SIGNATURE: \_\_\_

3/15/96 305.446-9234