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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P94000050136 (8)
1. Corporation Name
ROB FLORIDA INC.

Principal Place of Business: 9300 HARBOR TERRACE, BAY HARBOR FL 33154
Mailing Address: 9300 HARBOR TERRACE, BAY HARBOR FL 33154

3. Date Incorporated or Qualified: 07/06/1994
3a. Date of Last Report: 03/26/1996
4. FET Number: 65-0503030
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: KAHN, DONALD J ESQ., 627 71 STREET, MIAMI BEACH FL 33141
10. Name and Address of New Registered Agent: ROBERT ABITAN, 9300 BAY HARBOR TERRACE, BAY HARBOR FL 33154

11. Pursuant to the provisions of Sections 607.050 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: [Signature] DATE: Nov. 19, 1997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DPVS	NAME: ABITAN, ROBERT	1.1 TITLE:	300002358143--9
STREET ADDRESS: 9300 HARBOR TERRACE	CITY-ST-ZIP: BAY HARBOR FL 33154	1.2 NAME:	-11/26/97--01090--002
TITLE: T	NAME: ABITAN, ROBERT	1.3 STREET ADDRESS:	****750.00
STREET ADDRESS: 9300 HARBOR TERRACE	CITY-ST-ZIP: BAY HARBOR FL 33154	1.4 CITY-ST-ZIP:	****750.00
TITLE: VP	NAME: ELIZABETH ABITAN LASRY	2.1 TITLE:	
STREET ADDRESS: 5621 JELLCOE ST.	CITY-ST-ZIP: COTE ST-LUE MO. H4W 125	2.2 NAME:	
TITLE: Secretary	NAME: ALAIN ABITAN	2.3 STREET ADDRESS:	
STREET ADDRESS: 5950 FREUD APT 15	CITY-ST-ZIP: COTE ST LUE P.QUE. H4W 1T1	2.4 CITY-ST-ZIP:	
TITLE:	NAME:	3.1 TITLE:	
STREET ADDRESS:		3.2 NAME:	
CITY-ST-ZIP:		3.3 STREET ADDRESS:	
TITLE:	NAME:	3.4 CITY-ST-ZIP:	
STREET ADDRESS:		4.1 TITLE:	
CITY-ST-ZIP:		4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:		4.4 CITY-ST-ZIP:	
CITY-ST-ZIP:		5.1 TITLE:	
TITLE:	NAME:	5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
TITLE:	NAME:	6.4 CITY-ST-ZIP:	

REINSTATEMENT

14. I do 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.

SIGNATURE: [Signature] DATE: 11/26/97

CR2E034 (9/96)