

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000062091 (1)**

1. Corporation Name

**THE HOLLUB GROUP, INC.**



Principal Place of Business	Mailing Address
%TESCHER, CHAVES, HOCHMAN, ET AL. 9100 S. DADELAND BLVD., PENTHOUSE I MIAMI FL 33156	%TESCHER, CHAVES, HOCHMAN, ET AL. 9100 S. DADELAND BLVD., PENTHOUSE I MIAMI FL 33156

3. Date Incorporated or Qualified <b>08/18/1994</b>	3a. Date of Last Report <b>04/26/1995</b>
4. FEI Number <b>65-0515713</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>7350 S.W. 152 Terr.</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>7350 S.W. 152 Terr.</b> Suite, Apt. #, etc. 27
City & State 23 <b>Miami, FL 33157</b> Zip 24 <b>33157</b>	City & State 28 <b>Miami, FL 33157</b> Zip 29 <b>33157</b>
Country 25 <b>USA</b>	Country 30 <b>USA</b>

**9. Name and Address of Current Registered Agent**

**M & W AGENTS, INC.  
9100 S. DADELAND BLVD.  
PENTHOUSE I  
MIAMI FL 33156**

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>TESCHER, DONALD R</b>
STREET ADDRESS	<b>9100 S. DADELAND BLVD., PENTHOUSE I</b>
CITY-ST-ZIP	<b>MIAMI FL 33156</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>PD HOLLUB, HARRY</b>
2.3 STREET ADDRESS	<b>7350 S.W. 152 Terr.</b>
2.4 CITY-ST-ZIP	<b>Miami, FL 33157</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>VSD ISSEL, HELENE H.</b>
3.3 STREET ADDRESS	<b>7350 S.W. 152 Terr.</b>
3.4 CITY-ST-ZIP	<b>Miami, FL 33157</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>TD</b>
4.3 STREET ADDRESS	<b>7350 S.W. 152 Terr.</b>
4.4 CITY-ST-ZIP	<b>Miami, FL 33157</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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)(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 12 or Block 13 if changed or on an attachment with an address.

**SIGNATURE:**

**Harry Hollub, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/96**

Date

**(305) 233-8952**

Daytime Phone #

CR2E034 (12/95)