

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

1997 APR 21 PM 12: 18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071397 (1)

1. Corporation Name

THE ROBBINS HOLDING COMPANY

Principal Place of Business

Mailing Address

512 S.W. 21 AVENUE  
MIAMI FL 33135

512 S.W. 21 AVENUE  
MIAMI FL 33135

2. Principal Place of Business

21 2140 N.W. 23 Ave.

2a. Mailing Address

26 P.O. Box 420565

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Miami, FL

28 City & State

Miami, FL

24 Zip 33142

25 Country

U.S.A.

29 Zip 33242-0564

30 Country

U.S.A.

3. Date Incorporated or Qualified

09/28/1994

3a. Date of Last Report

08/11/1995

4. FEI Number

65-0586352

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

PELLEYA, JOSE L ESO  
999 PONCE DE LEON BLVD SUITE 1040  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

George L. Torrente

82 Street Address (P.O. Box Number is Not Acceptable)

2140 N.W. 23 Ave.

83

84 City

Miami

FL

85 Zip Code  
33142

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

\*Sign after, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPS  
NAME DE FORURIA Y FRANCO, MIGUEL A  
STREET ADDRESS 512 S.W. 21 AVENUE  
CITY-ST-ZIP MIAMI FL 33135

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME De Foruria Y Franco, Miguel A.  
1.3 STREET ADDRESS 2140 N.W. 23 Ave Miami, FL 33142  
1.4 CITY-ST-ZIP

2.1 TITLE DS  
2.2 NAME Torrente, George L.  
2.3 STREET ADDRESS 2140 N.W. 23 Ave.  
2.4 CITY-ST-ZIP Miami, FL 33142

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (3/96)

REINSTATEMENT

04/22/97 01041-000  
\*\*\*915.00 \*\*\*915.00