

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 11 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000075715 (0)

1. Corporation Name

R.B.Y., INC.

Principal Place of Business

36 NE 1ST ST SUITE 1026
MIAMI FL 33132

Mailing Address

36 NE 1ST ST SUITE 1026
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0532716

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. 190.032,
Florida Statutes

☒ Yes ☐ No

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOSAF, RON BEN

36 NE 1ST ST SUITE 1026
MIAMI FL 33132

81. Name

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

83.

84. City

FL

85. Zip Code

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
YOSAF, RON BEN
36 NE 1ST ST SUITE 1026
MIAMI FL 33132

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY ST ZIP
P/S/T/D
BEN YOSAF, RON
36 NE 1ST ST SUITE 1026
MIAMI, FL 33132

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY ST ZIP

☐ Change ☐ Addition

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:

Ron Ben Yosaf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RON BEN YOSAF

✓ 4-5-95

✓ 305-