

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000017369 (6)**

1. Corporation Name

LUBER INVESTMENTS, INC.



Principal Place of Business

**9425 SW 80TH ST
MIAMI FL 33173**

Mailing Address

**9425 SW 80TH ST
MIAMI FL 33173**

2. Principal Place of Business

2a. Mailing Address

21

State Apt. #, etc.

26

State Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MARTINEZ, LUIS B
9425 SW 80TH ST
MIAMI FL 33173**

3. Date Incorporated or Qualified

03/02/1995

3a. Date of Last Report

4. FEI Number

65-0603363

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

10. Name and Address of New Registered Agent

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 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person who executed this statement on behalf of the corporation

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

☐ DELETE

NAME

MARTINEZ, LUIS B

STREET ADDRESS

9425 SW 80TH ST

CITY-STATE-ZIP

MIAMI FL 33173

1. TITLE

☐ DELETE

NAME

SARSON, EMILIA H

STREET ADDRESS

9425 SW 80TH ST

CITY-STATE-ZIP

MIAMI FL 33173

1. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change

☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1. TITLE

☐ Change

☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1. TITLE

☐ Change

☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1. TITLE

☐ Change

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4. CITY-STATE-ZIP

1. TITLE

☐ Change

☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1. TITLE

☐ Change

☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-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 indicates on this annual report or supplementary 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 Book 12 or Book 13 if changed, or on an affidavit with an address.

SIGNATURE:

Emilia H. Sarson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EMILIA H. SARSON
DIRECTOR**

**1/23/96 (305)
270-6814**
Date of Filing

CR2E034 (12/95)