

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

APPROVED  
AND  
FILED

1997 MAY -6 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000026746  
1. Corporation Name

RUBAL OF BAL HARBOUR, CORP.

Principal Place of Business  
10101 Collins Ave.  
Suite 21-E  
Bal Harbour, FL 33154

Mailing Address  
10101 Collins Ave.  
Suite 21-E  
Bal Harbour, FL 33154

3. Date Incorporated or Qualified 04/03/95  
3a. Date of Last Report 05/01/96

|                                |                         |                                                                                         |                                |
|--------------------------------|-------------------------|-----------------------------------------------------------------------------------------|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     | 4. FEI Number                                                                           | Applied For                    |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. | 65-0696245                                                                              | Not Applicable                 |
| 22. City & State               | 27. City & State        | 5. Certificate of Status Desired                                                        | \$8.75 Additional Fee Required |
| 23. Zip                        | 28. Zip                 | 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees    |
| 24. Country                    | 29. Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | Yes No                         |

9. Name and Address of Current Registered Agent  
SUPRASKI, LOUIS A.  
11900 Biscayne Blvd., #760  
Miami, Florida 33181

|                                                        |                                              |
|--------------------------------------------------------|----------------------------------------------|
| 81. Name                                               | 10. Name and Address of New Registered Agent |
| 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 (NOTE: Registered Agent signature required when re-registering) DATE

| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|----------------------------|-------------------------------------------------------|
| 1. TITLE                   | 1.1 TITLE                                             |
| 2. NAME                    | 2. NAME                                               |
| 3. STREET ADDRESS          | 3. STREET ADDRESS                                     |
| 4. CITY - ST - ZIP         | 4. CITY - ST - ZIP                                    |
| 5. TITLE                   | 5.1 TITLE                                             |
| 6. NAME                    | 6. NAME                                               |
| 7. STREET ADDRESS          | 7. STREET ADDRESS                                     |
| 8. CITY - ST - ZIP         | 8. CITY - ST - ZIP                                    |
| 9. TITLE                   | 9.1 TITLE                                             |
| 10. NAME                   | 10. NAME                                              |
| 11. STREET ADDRESS         | 11. STREET ADDRESS                                    |
| 12. CITY - ST - ZIP        | 12. CITY - ST - ZIP                                   |
| 13. TITLE                  | 13.1 TITLE                                            |
| 14. NAME                   | 14. NAME                                              |
| 15. STREET ADDRESS         | 15. STREET ADDRESS                                    |
| 16. CITY - ST - ZIP        | 16. CITY - ST - ZIP                                   |
| 17. TITLE                  | 17.1 TITLE                                            |
| 18. NAME                   | 18. NAME                                              |
| 19. STREET ADDRESS         | 19. STREET ADDRESS                                    |
| 20. CITY - ST - ZIP        | 20. CITY - ST - ZIP                                   |

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 Box 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Ophelia A. Roca  
Ophelia A. Roca, President

4/30/97

305-866-7332

CR2E034 (9/96)