

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 # P95000066317 (5)

1. Corporation Name

R+B RE CONSULTANTS, INC.



Principal Place of Business

9100 SOUTH DADELAND BOULEVARD
SUITE 1009
MIAMI FL 33156

Mailing Address

9100 SOUTH DADELAND BOULEVARD
SUITE 1009
MIAMI FL 33156

3. Date Incorporated or Qualified
08/28/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

21 9200 S. Dadeland Blvd.

Suite, Apt. #, etc.

22 Suite 214

City & State

23 Miami, FL

Zip

24 33156

Country

25 Dade

2a. Mailing Address

26 9200 S. Dadeland Blvd.

Suite, Apt. #, etc.

27 Suite 214

City & State

28 Miami, FL

Zip

29 33156

Country

30 Dade

4. FEI Number
65 - 061 2259

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

NEMAZIE, A. STEPHEN
9100 SOUTH DADELAND BOULEVARD
SUITE 1009
MIAMI FL 33156

Nemazie, A. Stephen
9200 S. Dadeland Blvd
Suite 214
Miami, FL 33156

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 initial applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME NEMAZIE, A. STEPHEN
STREET ADDRESS 9100 SOUTH DADELAND BLVD., SUITE 1009
CITY- ST- ZIP MIAMI FL 33156

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/T/S ☒ Change ☐ Addition
1.2 NAME Nemazie, A. Stephen
1.3 STREET ADDRESS 9200 S. Dadeland Blvd., Suite 214
1.4 CITY- ST- ZIP Miami, FL 33156

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

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

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

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

6.1 TITLE ☐ Change ☐ 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:

A. Stephen Nemazie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-28-96

Date

(305) 670-0447

Daytime Phone #

CR2E034 (12/95)