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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000017015 (4)

ROBE	RLY INC				
				I IBBUBBI IIB IBBUB BIUK BEKU BERU BERU BERU BERU	BL IRBIN ORBUN BRIGIN INDRA BINI ARBI
Principal Place of Business Mailing Address					9. 119.1 129.1 29.01 11891 2.11 1291
7750 W 24TI	H AVE	7750 W 24TH AVE			
16				DO NOT WRITE IN THIS SPACE	
US US				3. Date Incorporated or Qualified	
\				02/23/1996	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
21 26			65-0643086	Not Applicable	
Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22 27					Fee Required
			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be ! Added to Fees	
23 Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre			10, Name and Address of New Register	red Agent
	L, ROBERTO		81 Name		
2373 WEST 74TH STREET #102				dress (P.O. Box Number is Not Acceptable)	
HIALEAH FL 33016					
			83		
ĺ			84 City		85 Zip Code
					-L `
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State)2 and 607.1508, Florida Stati e of Florida. Such change was	utes, the above-named co s authorized by the corpor	orporation submits this statement for the purpos ration's board of directors. I hereby accept the	se of changing its registered appointment as registered
agentila	m familiar with, and accept the oblig	ations of, Section 607. 050 5, F	Florida Statutes.	, ,	
SIGNATURE	Signature, typed or printed name of registered ag-		OTE: Registered Agent signature rec	guired when reinstating) DA	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GIL, LILIAN		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CiTY - ST - ZIP	HIALEAH FL 33016		1.4 CITY-ST-ZIP		
TITLE	VD	DELETE	21 TITLE		Change Addition
NAME			22 NAME		
STREET ADORESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33016		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ļ
CITY-ST-ZIP		DELETE	3.4. CfTY - ST - ZIP		Change 1 Addition
TITLE		[""] DETEIR	4.1 TITLE 4.2 NAME		Change Addition
NAME OTREET ADDRESS					: 1
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY- ST- ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		T Allenge T Montrett
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	-	☐ DELETE	6.1 TIFLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY - ST - ZIP		

14. Thereby 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 Block 13 if changed, or on anyaltachment with an addiess.

Apr 06 1998 8:00am

Secretary of State