

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90007 026 ***158.75

DOCUMENT # P97000007527

1. Corporation Name
CORBI ENTERPRISES, INC.



Principal Place of Business
8525 S.W. 44TH STREET
MIAMI-FL 33155

Mailing Address
8525 S.W. 44TH STREET
MIAMI-FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/27/1997

4. FEI Number
65-0728896

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 7049 S.W. 53 LANE
Suite, Apt. #, etc.

2a. Mailing Address
26 7049 S.W. 53 LANE
Suite, Apt. #, etc.

22 City & State
23 Miami, FLA.

27 City & State
28 Miami, FLA

24 Zip 33155 Country USA

29 Zip 33155 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORBAN, JOSE S
8525 S.W. 44TH STREET
MIAMI-FL 33155

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
7049 S.W. 53 LANE
83
84 City Miami FL 85 Zip Code 33155

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 officer 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BICHACHI, MARGARITA
STREET ADDRESS 9455 COLLINS AVENUE, SUITE 306
CITY-ST-ZIP SURFSIDE FL 33154

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME CORBAN, JOSE S
STREET ADDRESS 8525 S.W. 44TH STREET
CITY-ST-ZIP MIAMI FL 33155

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 7049 S.W. 53 LANE
2.4 CITY-ST-ZIP Miami, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [Signature] (JOSE S. CORBAN) 02/22/99 (305) 740-0291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0277524