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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 22 1998 8:00am Secretary of State

ROBBA	Y INTERNATIONAL, INCO	DRPORATED				
Principal Plac	ce of Business	Mailing Address				
l '		7125 CARLYLE AV				
7125 CARLYLE AVENUE 7125 CARLYLE AVEN #9			EAUC			
MIAMI BEAC	H FL 33141	MIAMI BEACH FL	MIAMI BEACH FL 33141			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
A 50000	N					03/31/1997
<u> </u>	Place of Business	2a. Mailing Address	<u></u>			4. FEI Number Applied For Not Applied For Not Applied For
Suite, Apt.	# atc	Suite Apt # ot	Suite, Apt #, etc.			
22		F1 '	27			5. Certificate of Status Desired See Regulred Fee Regulred
City & Stat	te	City & State	· · · · · · · · · · · · · · · · · · ·			
23		28	F-1 '			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	· +		,	8. This corporation owes or has paid the ourrent year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Co	urrent Registered Agent				10. Name and Address of New Registered Agent
JOSE ROBERTO GALDINO BARROS				81	Name	
	25 CARLYLE AVENUE			82	Street Add	dress (P.O. Box Number is Not Acceptable)
#9						
MI	AMI BEACH FL 33141		•	83		
			1	84	City	B5 Zip Code
44 0	1. 11	70700 11 1000 7700 77				
office or i	to the provisions of Sections 607 regi ster ed agent, or both, in the S	State of Florida, Such change	Statules, the abo was authorized	ove by	∍named corp / the corpora	poration submits this statement for the purpose of changing its registered alion's board of directors. I hereby accept the appointment as registered
agent. La	im familiar with, and agcept the c	ibligations of Section 607.050	05, Florida Statu	ıloś	·.	, ,
SIGNATURE	fine bulling	TW (LUN)	the same of the sa			
12.	OFFICERS	S AND DIRECTORS	13.	Agei	in signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELET		. F		☐ Change ☐ Addition
NAME	JOSE ROBERTO GALDIN	O BARROS	1.2 NAN	1.2 NAME		
STREET ADDRESS 7125 CARLYLE AVE, #9			1.3 STREE		ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141		1.4 CiTY	Y - ST	T-ZIP	
TITLE		☐ DELETE 2.1		.F		Change Addition
NAME			2.2 NAN	đΕ		
STREET ADDRESS			2.3 S1R	EETA	ADDRESS	
CITY-ST-ZIP		- Dorum	DELETE 3.1 TITE		T-ZIP	
TITLE NAME		☐ DEFEI				Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDR		ADDRESS	
CITY-ST-ZIP						
TITLE		DELET	3.4. CIT E 4.1 111L		1.18	☐ Change ☐ Addillion
NAME			4. 2 NA			C comingo
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			4.4 CHY - ST - ZIP			
TITLE						Change Addition
NAME			5.2 NAM	5.2 NAME		14/2
STREET ADDRESS			5.3 STRI	EE 1 #	ADDRESS	25/20
CITY-ST-ZIP			5.4 CITY	/- \$T	1-ZIP	
TITLE		DELET	E 6.1 TITU	ŧ		Change Addition
NAME			6.2 NAM	AE.		4000 0253 4584 -05/26/9801022025
STREET ADDRESS			6.3 STRE	EET A	ADDRESS	-05/26/9801022025
CITY-ST-ZIP			6.4 CITY			***150.00
14 I bereby a	certify that the information supplie	ad with this filing does not a uc	ality for the exec	onti	ion stated in	Section 119 07/3Vi) Florida Statutes I further partify that the information

indicated on this armust report or supplied will distribute ones not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this armust report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or director of the corporation or the receiver of rustree 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 one of all petiment with adjudyes.