

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995



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

95 APR 19 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S64471** (3)

1. Corporation Name
GRUPO INBIENES, INC.

Principal Place of Business Mailing Address

21075 N.E. 34TH AVE. APT. 206 NORTH MIAMI BEACH FL 33180

21075 N.E. 34TH AVE. APT. 206 NORTH MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 **19931 NE 36 PI.**

22 Sute, Apt. #, etc.

23 **AVENTURA, FLA**

24 **33180** 25 **USA**

26. Mailing Address

26 **19931 NE 36 PI.**

27 Sute, Apt. #, etc.

28 **AVENTURA, FLA**

29 **33180** 30 **USA**

3. Date Incorporated or Qualified **07/01/1991**

3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0287425**

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 has liability for intangible tax under s. 192.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

~~SCHIFFM JAMES M~~
~~9190 S DADELAND BLVD STE 1600~~
~~MIAMI FL 33156~~

10. Name and Address of New Registered Agent

81 Name **IRAN SAKOWITZ**

82 Street Address (P.O. Box Number is Not Acceptable) **1111 KANE CONCOURSE**

83 **SUITE 401**

84 City **DAY HARBOR ISLANDS FL** 85 Zip Code **33154**

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]* DATE **4/5/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORCIA, JOSE T	1.2 NAME	
STREET ADDRESS	21075 N.E. 34TH AVE., #206	1.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE TRUZMAN, ALIA C	2.2 NAME	19931 NE 36 PI.
STREET ADDRESS	21075 N.E. 34TH AVE., #206	2.3 STREET ADDRESS	AVENTURA, FLA. 33180
CITY - ST - ZIP	NORTH MIAMI BEACH FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUZMAN, MESOD	3.2 NAME	
STREET ADDRESS	21075 N.E. 34TH AVE., #206	3.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUZMAN, MIGUEL	4.2 NAME	
STREET ADDRESS	21075 N.E. 34TH AVE., #206	4.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *[Signature]* TITLE _____