

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

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S92715 (9) 1. Corporation Name ROBINSON MIAMI INC.			
Principal Place of Business 13349 SW 131ST STREET MIAMI FL 33186 US		Mailing Address 13349 SW 131ST STREET MIAMI FL 33186 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 11/07/1991		3a. Date of Last Report 05/01/1994	
4. FEI Number 65-0293422		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	
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent MANHEIM, ALFRED ESQ 5901 SW 74TH STREET SUITE 403 MIAMI FL 33143		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PTD	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change ☐ Addition
NAME	ROBINSON, RANDALL C	1.1 TITLE	
STREET ADDRESS	11356 SW 112TH CIRCLE LANE S	1.2 NAME	
CITY-ST-ZIP	MIAMI FL	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	VSD ☒ Change ☐ Addition
NAME	ROBINSON, JEAN-PAUL	2.2 NAME	ROBINSON, JEAN-PAUL
STREET ADDRESS	101 ANTIQUERA, APT #1	2.3 STREET ADDRESS	13349 SW 131st STREET
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	MIAMI, FL 33186-5816
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, JULES C	3.2 NAME	
STREET ADDRESS	10502 SW 115TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 its 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 in an attachment with an address.			
SIGNATURE:  _____			
SIGNATURE AND TITLE OF FILING OFFICER OR DIRECTOR _____			