FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified: 11/07/1991
3a. Date of Last Report: 03/23/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

8. 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 **FL** 85 Zip Code

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 of a member of the board of directors or agent of the corporation) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	ROBINSON, RANDALL C	
STREET ADDRESS	11356 SW 112TH CIRCLE LANE S	
CITY-ST-ZIP	MIAMI FL	
TITLE	VSD	☐ DELETE
NAME	ROBINSON, JEAN-PAUL	
STREET ADDRESS	13349 SW 131ST ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	☐ DELETE
NAME	ROBINSON, JULES C	
STREET ADDRESS	10502 SW 115TH PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	☒ Change ☐ Addition
1.2 NAME	ROBINSON, RANDALL C.	
1.3 STREET ADDRESS	11717 SW 132 PLACE	
1.4 CITY-ST-ZIP	MIAMI, FL 33186	
2.1 TITLE	VSD	☒ Change ☐ Addition
2.2 NAME	ROBINSON, JEAN PAUL	
2.3 STREET ADDRESS	11356 SW 112th CIRCLE LANE SOUTH	
2.4 CITY-ST-ZIP	MIAMI, FL 33176	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Randall Robinson RANDALL C. ROBINSON 2-2-96 (305) 252-0668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #