

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

FILED  
Feb 26 1996 8:00 am  
Secretary of State

DOCUMENT # **S97491** (2)

1. Corporation Name

**S.B.P. AND ASSOCIATES OF HIALEAH, INC.**

Principal Place of Business

Mailing Address

**1257 W 68TH STREET  
HIALEAH FL 33014  
US**

**1257 W. 68TH STREET  
HIALEAH FL 33014  
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

**12/03/1991**

3a. Date of Last Report

**04/20/1995**

4. FEI Number

**65-0300194**

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

10. Name and Address of New Registered Agent

**BLUTSTEIN, GEORGE J  
303-20801 BISCAYNE BLVD  
AVENTURA FL 33180**

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 typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE **P** ☒ DELETE

NAME **PASKIND, STEPHEN B**  
STREET ADDRESS **11575 S W 37TH COURT**  
CITY-STATE-ZIP **DAVE FL**

TITLE **DVP** ☐ DELETE

NAME **MARINOFF, GERALD**  
STREET ADDRESS **18540 N BAY ROAD**  
CITY-STATE-ZIP **NO MIAMI BEACH FL**

TITLE **D** ☐ DELETE

NAME **PASKIND, PAMELA D**  
STREET ADDRESS **11575 S.W. 37TH COURT**  
CITY-STATE-ZIP **DAVE FL**

TITLE **D** ☐ DELETE

NAME **PASKIND-FLESNER, CARLA**  
STREET ADDRESS **2910 OLD ORCHID RD**  
CITY-STATE-ZIP **DAVE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **JUDITH KUSHNER**  
1.3 STREET ADDRESS **22808 LA. COCAICHOE WY**  
1.4 CITY-STATE-ZIP **BOCA RATON FL 33433**

2.1 TITLE **DPS** ☒ Change ☐ Addition

2.2 NAME **Gerald MARINOFF**  
2.3 STREET ADDRESS **18540 N. Bay Rd.**  
2.4 CITY-STATE-ZIP **N.-M.-B.- FL. 33160**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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:

**Gerald MARINOFF**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/96**

**305-827-4110**

Date

Daytime Phone

CR2E034 (12/95)