

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V25766** (9)

1. Corporation Name
Z.B.R. SERVICES, INC.

FILED
95 JAN 25 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
999 WASHINGTON AVENUE MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/02/1992** 3a. Date of Last Report **03/30/1994**

2. Principal Place of Business 2a. Mailing Address
21 26

4. FEI Number **65-0335923** Applied For Not Applicable

Suite, Apt. #, etc. 27

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 28

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip 25 Country 29 30

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

FILINGS, INC.
3732 NW 18TH STREET
FORT LAUDERDALE FL 33311

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	CRUZ, LUIS
STREET ADDRESS	999 WASHINGTON AVE.
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	D
NAME	ZUBKOFF, WILLIAM
STREET ADDRESS	999 WASHINGTON AVE.
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	D
NAME	MENIN, BRUCE
STREET ADDRESS	999 WASHINGTON AVE.
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	D
NAME	GALBUT, RUSSELL
STREET ADDRESS	999 WASHINGTON AVE.
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Russell W. Galbut* **RUSSELL GALBUT** 01/18/95 (305) 672-3100