

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V25766** (9)

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



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

3. Date Incorporated or Qualified: **04/02/1992**  
3a. Date of Last Report: **01/25/1995**

21	2. Principal Place of Business	2a	Mailing Address:
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
		30	Country

4.	FBI Number	Applied For
	<b>65-0335923</b>	Not Applicable
5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FILINGS, INC.</b> <b>3732 NW 16TH STREET</b> <b>FORT LAUDERDALE FL 33311</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: \_\_\_\_\_ DATE: **4/19/96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CRUZ, LUIS</b>			1.2 NAME			
STREET ADDRESS	<b>999 WASHINGTON AVE.</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>			1.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ZUBKOFF, WILLIAM</b>			2.2 NAME			
STREET ADDRESS	<b>999 WASHINGTON AVE.</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>			2.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MENIN, BRUCE</b>			3.2 NAME			
STREET ADDRESS	<b>999 WASHINGTON AVE.</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>			3.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>GALBUT, RUSSELL</b>			4.2 NAME			
STREET ADDRESS	<b>999 WASHINGTON AVE.</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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: **RUSSELL W. GALBUT** *Russell W. Galbut* DATE: **4/19/96** DAYTIME PHONE: **672-3100**

CR2E034 (12/95)