

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V28001** (8)
1. Corporation Name
CHUBBER CORP.



Principal Place of Business: **8745 S.W. 21 TERR. MIAMI FL 33165**
Mailing Address: **8745 S.W. 21 TERR. MIAMI FL 33165**

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified	3a. Date of Last Report
04/13/1992	04/21/1995
4. FEI Number	Applied For
65-0332159	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**PARLADE, ALBERTO J.
8745 S.W. 21 TERR.
MIAMI FL 33165**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	
85. Zip Code	FL

11. Pursuant to the provisions of Sections 607.02(2) and 607.02(3), 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.02(5), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		
TITLE	PDT	<input type="checkbox"/> DELETE
NAME	ESCANDELL, NORMA D.	
STREET ADDRESS	8745 SW 21 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ESCANDELL, JOSE P.	
STREET ADDRESS	8745 SW 21 TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ESCANDELL, NORMA	
STREET ADDRESS	8745 SW 21 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE		
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE		
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE		
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE		
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE		
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(a), Florida Statutes. I further certify that the information included 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 file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed or on an additional row to an address.

SIGNATURE: *Norma D. Escandell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

* 4-9-94 * 305)553-4169

R2E034 (12/95)