


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																	
DOCUMENT # V64464 (3) 1. Corporation Name FLORI ROBERTS, INC.																																																																																																																																																					
Principal Place of Business 8800 N.W. 36 STREET MIAMI FL 33178			Mailing Address 8800 N.W. 36 STREET MIAMI FL 33178-2404																																																																																																																																																		
2. Principal Place of Business 4400 Biscayne Boulevard Suite, Apt #, etc. 22 City & State 23 Miami, Florida Zip Country 24 33137 USA		2a. Mailing Address 4400 Biscayne Boulevard Suite, Apt #, etc. 27 City & State 28 Miami, Florida Zip Country 29 33137 USA		3. Date Incorporated or Qualified 09/15/1992																																																																																																																																																	
				3a. Date of Last Report 01/30/1996																																																																																																																																																	
				4. FEI Number 22-1812319																																																																																																																																																	
				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 checked="" type="checkbox"/> No																																																																																																																																																	
9. Name and Address of Current Registered Agent TABERNILLA, ARMANDO A 8800 NW 38TH STREET MIAMI FL 33178			10. Name and Address of New Registered Agent 81 Name 82 Tabernilla, Armando A. 83 Street Address (P.O. Box Number is Not Acceptable) 4400 Biscayne Boulevard 84 City Miami FL 85 Zip Code 33137																																																																																																																																																		
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																																																																																																																																																					
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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: _____ Dora B. Rubin 1/17/97 305-575-6000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																																					

CR2E034 (9/96)