**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 09 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # M02346 (8)RCC I. INC. Principal Place of Business Mailing Address 9400 S. DADELAND BOULEVARD 9400 S. DADELAND BOULEVARD PENTHOUSE ONE PENTHOUSE ONE MIAMI FL 33156-9817 MIAMI FL 33156-9817 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/02/1984 2. Principal Place of Business 4. FEI Number 28. Mailing Address Applied For 59-2900645 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible 30 Yes 24 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WIENER, WILLIAM % AREEAINV. ADVISORY & MGMT SVCS, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 9400 \$. DADELAND BLVD., PENTHOUSE ONE 83 MIAMI FL 33156 84 City 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 title if applicable (NOTE: Registered Agent signature required when rainstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1 1 TITLE ☐ Change Addition CANNON, MICHAEL Y. NAME 1.2 NAME CR2E034 9400 S. DADELAND BLV PH1 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-2IP DELETE Addition 2.1 TITLE Change TITLE FERNANDEZ, SERGIO 2.2 NAME NAME 9400 S DADELAND BLV PH 1 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE Change BERKOWITZ, PAUL NAME 3.2 NAME 1221 BRICKELL AVE STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL City - ST - ZIP 3.4. CITY - ST - ZIP TAS DELETE 4.1 TITLE Addition TITLE WIENER, WILLIAM 4. 2 NAME NAME 9400 S DADELAND BLV PH1 STREET ADDRESS 4.3 STREET ADDRESS MIAM! FL CITY+ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITI E 5.1 TITLE WIENER, WILLIAM NAME 5.2 NAME 9400 S DADELAND BL PH1 STREET ADDRESS 5.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 5.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 trusted to exempt this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an allachment with an adoption.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**BOYNE, JOHN %** 

% P. BERKOWITZ 1221 BRICKELL AVE

alalas

Addition

Change