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Mar 06 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 # F96000006498 (7)

1. Corporation Name
RB DEL MAR, INC.

Principal Place of Business
5454 WISCONSIN AVENUE, SUITE 1265
CHEVY CHASE MD 20815

Mailing Address
5454 WISCONSIN AVENUE, SUITE 1265
CHEVY CHASE MD 20815-6961



3. Date Incorporated or Qualified
12/12/1996

3a. Date of Last Report

2. Principal Place of Business
21 300 W. 43RD ST 4TH FL
Suite, Apt. #, etc.

2a. Mailing Address
26 300 W. 43RD ST 4TH FL
Suite, Apt. #, etc.

4. FEI Number
13-3920478

Applied For
Not Applicable

22 City & State
23 NEW YORK NEW YORK

27 City & State
28 NEW YORK NEW YORK

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

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

24 10036 25 USA

29 10036 30 USA

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____
Signatures of agent or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASCIANO, RICHARD	1.2 NAME	
STREET ADDRESS	300 WEST 43RD STREET, 4TH FLOOR	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10036	1.4 CITY - ST - ZIP	
TITLE	VDS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEXLER, SCOTT	2.2 NAME	
STREET ADDRESS	300 WEST 43RD STREET, 4TH FLOOR	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10036	2.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLAZER, STEVEN M	3.2 NAME	
STREET ADDRESS	300 WEST 43RD STREET, 4TH FLOOR	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10036	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSHTRY, NORMAN	4.2 NAME	
STREET ADDRESS	1819 JFK BLVD., SUITE 313	4.3 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA 19103	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 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 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: SCOTT L WEXLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0010000

CR2E034 (9/96)