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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # G10299** 

(7)

R.R.W. PROPERTIES, INC.

J.J.111 1	nor Employ mov							
Principal Place	e of Business	Mailing Addre	ess				BIBIT BIBIT BIBIT BIBIT BIBIT BIBIT FABI	
2600 DOUGLAS	S RD	2000 DOUGLA	2800 DOUGLAS RD SUITE 708 CORALGABLES FL 33134-8125					
708								
CORAL GABLE	S FL 33134	US US				6 Date Incorporated or Qualified	3a. Date of Last Report	_
US		00				3. Date Incorporated or Qualified 10/28/1982	04/23/1996	
Principal Pl	lace of Business	2a. Mailing Ad	idress			4. FEI Number	Applied For	ᅱ
21	add of Country	<del>}η</del>	26			59-2237947	Not Applicable	iel
Suite Apt.	#. etc		Suite Apt. #, etc.				¢0.75 Autologic	
22		27	27			5. Certificate of Status Desired	Fee Required	
City & State	)	City & Sta	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip		Country		8. This corporation has liability for I	ntangible tax under s. 199.032,	
24	25	29	30			7 17 17 2 2 12 12 12 12 12 12 12 12 12 12 12 12	Yes No	┙
	<del>********************************</del>	of Current Registered Ager	nt			10. Name and Address of New Re	platered Agent	
	ntraub, Bernard B			81	Name			
	DOUGLAS RD #708				Street Addr	ress (P.O. Box Number is Not Acceptable)		
COF	RAL GABLES FL 33134							
				83				
				84	City		85 Zip Code	
				otaclus				_
office or r	eaistered agent, or both, in	n the State of Florida. Such cl the obligations of, Section 6	nange was autho	orized by	the corporat	oration submits this statement for the p ion's board of directors. I hereby accep	of the appointment as registered	J
SIGNATURE	Signature typed or photed name of	registered agent and title if applicable	(NO1E: Reg	islered Age	int signature requir	ed when reinstating)	DATE	-
12,		ICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	PD	<del>-</del>	DELETE	1.1 TITLE			☐ Change ☐ Additio	חג
NAME	WEINTRAUB, BERNAI		1	1.2 NAME				
STREET ADDRESS	2600 DOUGLAS RD		1	1.3 STREET	ADDRESS			
CITY+ST-ZIP	CORAL GABLES, FL	00000		14 City-S	T-ZIP			
TITLE	DELETE		DELETE	2 1 TITLE			Change Additio	m
NAME				22 NAME				
STREET ADORESS			ł	23 STREET	ADDRESS			
CITY-SI-ZIP				2. 4 CITY - S	ST-2IP			
TITLE			DELETE	3.1 TITLE	1		Change Additio	nc
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY · ST · ZIP				3.4 CITY-5	ST-ZIP			
TITLE		L	DELETE	4.1 TITLE		•	Change Addition	)n
NAME			<u> </u>	4. 2 NAME				
STREET ADDRESS			•	4.3 STREET	ADDRESS			
CITY - ST - 7IP				4.4 CITY-S	ST-21P			
TITLE			DELETE	5.1 TITLE	-		☐ Change ☐ Addition	חנ
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY - ST - ZIP				5.4 CITY-S	ST-ZiP			
TITLE			DELETE	6.1 TITLE	I		☐ Change ☐ Addition	οп

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.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

1/30/97 305 4488988

**FILED** 

Feb 05 1997 8:00am

Secretary of State