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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

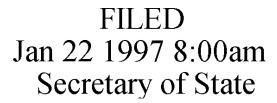
## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H70926

(1)

WRTR, INC.





Principal Place of Business 2250 SW 3 AVE 4TH FLR. MIAMI FL 33129		Mailing Ad	Mailing Address 2250 SW 3 AVE 4TH FLR. MIAMI FL 33128-2068							
							3. Date Incorporated or Qualified 08/13/1985	1	e of Last R 6/1996	eport
2. Principal P	lace of Business	2a. Mailing	Address		·		4. FEI Number	1 4.4-		oplied For
21		26					59-2573477		++-	ot Applicable
Suite, Apt	#, etc	Suite. A	\pt. # etc.				5. Certificate of Status Desired			Additional equired
City & Stat	te	City 8	State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Zφ	Country	Z.p		Cou	ntry		8. This corporation has liability for i	ntangible t	ax under s	. 199.032,
24	25	29		30				] Yes 🗀		
	9. Name and Address of Curr	ent Registered A	gent				10. Name and Address of New Re	gistered A	gent	
TUN	ikey, william r				81	Name				
2250 SW 3 AVE., 4TH FLR. MIAMI FL 33129				1	82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
Anti m	WITE COLLO				83					
									1	
					84	City		FL	<b>65</b> Zip	Code
office or o	to the provisions of Sections 607.05 registered agent, or both, in the Sta am familiar with, and accopt the obt	ate of Florida, Such	change was	authorized	yd b	the corporat	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of the appo	changing i intment as	is registered registered
SIGNATURE	Significant typed or profits travel of registered a			Tr. Dominion			red when reinstaling)	DATE		
12.		ND DIRECTORS	INO	13.	1 ABel	ii sigriais e redor	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	IS IN 12
T TLE	P		DELETE	1.1 11	ītĒ				Change	Addition
NAME	TUNKEY, WILLIAM			1.2 NA	ME				•	-
STREET ADORESS	2250 SW 3RD AVE., 4TH FLE	R.				ADDRESS				
CITY - ST - 2IF	MIAMI FL 33129	••		1.4 CI						
THE	V		DELETE	2 1 TI		- 2.11			Change	Addition
NAME	ROSS, ALAN			22 N/		Ì		•		
STREET ADDRESS	2250 SW 3RD AVE., 4TH FLE	R.				AODRESS				
CITY-ST ZIP	MIAMI FL 33129	14		2 4 C		i				
TITLE	S		DELETE	3.1 Till		11-211			Change	Addition
NAME	ROBBINS, FREDERICK			3.2 NA		1				<u>-</u> -
STREET ADDRESS	2250 SW 3RD AVE., 4TH FLI	R.				ADDRESS	•			
City - ST - Ziff	MIAMI FL 33129			3.4 C						
TITLE	Internal Court		DELETE	4.1 [1]		1-211			Change	Addition
NAME				4. 2 N					- "	<u>-</u> -
						1	· •			
STREET ADDRESS.				4391	REET	ADORESS	- <b>;</b>			
STREET ADDRESS						ADORESS				
STREET ADDRESS  CITY-ST-7IP  TITE			DELETE	4.3 S1 4.4 CI 5 1 TI	1Y-S			<del></del>	Change	Addition
CHY-SI-7IP TITLS			DELETE	4.4 CI	IY-S ILE				Change	Addition
CHY-ST-7IP TITLE NAME			☐ DEL€TE	4.4 CI 5 1 TI 5 2 NA	IY-S ILE AME	T-ZIP		<del></del>	Change	Addition
CHY-ST-7IP TITE NAME STREET ADDRESS			DELETE	4.4 CI 5 1 TI 5 2 NA 5 3 ST	TY-S TLE AME TREET	I-2IP ADORESS			Change	Addition
CITY-ST-7IP TITLE NAME			DELETE	4.4 CI 5 1 TI 5 2 NA	TY-S TLE AME TREET TY-S	I-2IP ADORESS			Change Change	Addition
CHY-ST-7IP TITE NAME STREET ADDRESS CHY-ST-7/2 TITE				44 CI 5 † TI 5 2 NA 5 3 ST 5 4 CI 6 1 TI	IY-S ILE AME REET IY-S ILF	I-2IP ADORESS			_	
CHY-SI-7IP TITLE NAME STREET ADDRESS CITY-SI-72 TITLE NAME				44 CI 51 TI 52 NA 53 SI 54 CI 61 TI 62 NA	TY-ST TLE TREET TY-ST TLF	I-ZIP  ADDRESS  I-ZIP			_	
CHY-SI-7IP TILE NAME STREET ADDRESS CHY-SI-72 TILE				44 CI 51 TI 52 NA 53 SI 54 CI 61 TI 62 NA	IY-S ILE AME REET IY-S TLF AME	I-ZIP  ADDRESS  T-ZIP  ADDRESS			_	

I do hereby centry that the information supplied by this hing does not quality for the exemption stated in section 119.07(3)(f), Florida Statutes. I further centry that the information in dicated on this annual report or supplied entitle 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 od poration or true 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 branglicd, or in an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97

Daytime Phone #