

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 2: 56

DOCUMENT # **L81813** (2)

1. Corporation Name
MCLWR INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
C/O ROBERT J. MERLIN **C/O ROBERT J. MERLIN**
328 MINORCA AVENUE **328 MINORCA AVENUE**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**

3. Date Incorporated or Qualified **06/18/1990** 3a. Date of Last Report **04/26/1994**
4. FEI Number **65-0203722** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
MERLIN, ROBERT J.
328 MINORCA AVENUE
CORAL GABLES 33134

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERLIN, ROBERT J.	1.2 NAME	
STREET ADDRESS	5810 MAGGIORE ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, IRWIN	2.2 NAME	
STREET ADDRESS	4293 PRAIRIE AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, MARK S.	3.2 NAME	
STREET ADDRESS	2525 SANDS WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	COOPER CITY FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODSTEIN, H. JOSH	4.2 NAME	
STREET ADDRESS	12635 SW 114TH AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISSER, MARK	5.2 NAME	
STREET ADDRESS	4001 N. 50TH AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	5.4 CITY - ST - ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(b), 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 13, and if changed, in an amendment with an address.

SIGNATURE: *Robert J. Merln* - **ROBERT J. MERLN** 2/1/95 (305) 446-7674
Signature typed or printed name of signing officer or director Date