FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00									FII	ÆI)		
PROFIT CORPORATION ANNUAL REPORT 1998			Sandra I		RTMENT OF STATE I. Mortham ry of State CORPORATIONS			Jan 30 1998 8:00am Secretary of State					
DOCUMENT # L81813 (2)				··· ·				<u> </u>	Scoreta	y	/1 k	<i>)</i> (acc
	R INVESTMENTS, INC.		` '										
Principal Plac	ea of Business	Ma	ilioa Addroos					-					
Principal Place of Business Mailing Address C/O ROBERT J. MERLIN C/O ROBERT J. MERLIN								}					
328 MINORCA AVENUE 328 MINORCA AVENUE									00.1107.11017	- 14 1 - 774 1140			
CORAL GABLES FL 33134 CORAL GABLES FL 33134								3.	DO NOT WRIT Date Incorporated or Qualified	IN THIS	SPACE	<u> </u>	
									06/18/1990				
<u> </u>	Place of Business		Mailing Address			-		4.	FEI Number		ľ	<u> </u>	plied For
Suite, Apt.	#, etc.	26	Suite, Apt. #, etc.					-	65-0203722	,	\$8	-	ot Applicable Additional
22		27						5.	Certificate of Status Desired				equired
City & Stat	e		City & State					6.	Election Campalgn Financing				May Be
23 Zip	Country	28	Zìp	Тс	ountry	,			Trust Fund Contribution This corporation owes or has possible to the corporation of the	id the er			to Fees
24	25	29		30				٥.	Personal Property Tax due June		Yes	-	angible ∐No
) 4T	9. Name and Address of Current	nt Regist	ered Agent		81	Mome		10.	Name and Address of New Ro	gistered	Agent		
MERLIN, ROBERT J. 328 MINORCA AVENUE						Name							
CORAL GABLES 33134					82 Street Address (P.O. Box Number is Not Acceptable)								
					83								
					84	City					85	Zip (Code
11 Pursuant	to the provisions of Sections 607 050	12 and 60	7 1500 Elorida Statu	itos the	obov.	namad			n guineste this statement for the	FL	_ ! !	•	
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida atlons of	a. Such change was Section 607.0505, F	authoriz Torida St	ed by atutes	the cor	poratio	ก's t	poard of directors. I hereby acce	ot the ap	oointme	ing it int as	s registered registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if	applicable. (NO	TE. Registe	red Age	nt signature	required	when	reinstating)	DATE			
12.	OFFICERS AN	D DIREC		13				- /	ADDITIONS/CHANGES TO OFFIC	ER\$ AN	D DIRE	CTOR	\$ IN 12
TITLE	D Merlin, Robert J.		L DELETE		TITLE						∐ Ch	ange	Addition
NAME STREET ADDRESS	5810 MAGGIORE ST.				NAME etract	ADDRESS							
CITY-ST-ZIP	CORAL GABLES FL				CITY-S								
TITLE	D		DELETE	_	TITLE						☐ Ch	ange	Addition
NAME	LEVINE, IRWIN			2.2	NAME								
STREET ADDRESS	4293 PRAIRIE AVE MIAMI BEACH FL					ADDRESS							
CITY - ST - ZIP TITLE	D DAOITE		DELETE		CITY-S TITLE	T-ZIP					☐ Cha	ange	Addition
NAME	COHEN, MARK S.		<u> </u>		NAME							ange.	
STREET ADDRESS	2525 SANDS WAY			3.3	Street	ADDRESS							
CITY-ST-ZIP	COOPER CITY FL		Dec eve		CITY-S	T-ZIP							
NAME I	d Rodstein, H. Josh		DELETE	1	TITLE						L Cha	ange	Addition
STREET ADDRESS	12635 SW 114TH AVE			4	NAME	address							
CITY-ST-ZIP	MIAMI FL				CITY-SI								
TITLE	D		☐ DELETE		TITLE						☐ Cha	ange	Addition
NAME	WEISSER, MARK			5.2	NAME	Ì							
STREET ADDRESS	4001 N. 50TH AVE. HOLLYWOOD FL					ADDRESS							
CITY-ST-ZIP	TIOLET WOOD FL			5.4	CITY-ST	- ZIP							

14. I 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 cath; that I am an officer or director of the proporation or the processor 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 shauged, or in an attachment with an address.

SIGNATURE: UNITY 118

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

Change

Addition