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

PROFIT CORPORATION ANNUAL REPORT,

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L81813

i. Corporation Name MCLWR INVESTMENTS, INC.

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90013 028 ***150.00



Principal Plac	e of Business	Mailing Address					
C/O ROBERT J. MERLIN 228 MINORCA AVENUE		C/O ROBERT J. MERLIN 328 MINORCA AVENUE			DO NOT WRITE IN T	HIS SPACE	,
CORAL GABLES FL 33134		CORAL GABLES FL 33134			Date Incorporated or Qualifed		
		,			06/18/1990		
2. Principal P	lace of Business	2a. Mailing Addres	s		4. FEI Number	App	lied For
í		26			65-0203722		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.		5. Certificate of Status Desired	\$8.75 A	
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City & Stat	le	City & State			6. Election Campaign Financing	\$5.00	·
3		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Cou	untry	8. This corporation owes the current year		ا
4	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent		ļ	10. Name and Address of New Register	ed Agent	
				81 Name		,	
	RLIN, ROBERT J. MINORCA AVENUE	•		82 Street Addr	ess (P.O. Box Number is Not Acceptable)		-
					45. 2 3. 10 C. 44. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	31 8.86 3.86 C.V. 8 34 6 88 3 7 5 7 7 8 27	*11 2 . do . 1491
100	RAL GABLES 33134			83			
•		*		84 City	** *** *** *** *** *** *** *** *** ***	85 Zip C	ode
	e. Elegano	. we as a second	<u>-</u>		. †	·L	
office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligat	2 and 607.1508, Florida of Florida, Such change ions of, Section 607.05	was authorized 05, Florida Stat	d by the corporation tutes.	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	ppointment as reg	istered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered	d Agent signature require	d when reinstating)() / DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DEL	ETE 1.1 TI	TILE	*** d*	☐ Change	
NAME	1					□ ourningo	☐ Addition
	MERLIN, ROBERT J.		1.2 N	IAME	• • • • • • • • • • • • • • • • • • • •	Onlingo	☐ Addition !
STREET AUDRESS				IAME ITREET ADDRESS		Onango	☐ Addition (
STREET ADDRESS CITY-ST-7IP	5810 MAGGIORE ST.		1.3 S				Addition
STREET AUDRESS CITY-ST-ZIP TITLE		☐ DEL	1.3 S 1.4 C	TREET ADDRESS		Change	Addition
CITY-ST-ZIP	5810 MAGGIORE ST. CORAL GABLES FL D		1.3 S 1.4 C	TREET ADDRESS			
CITY-ST-ZIP TITLE NAME	5810 MAGGIORE ST. CORAL GABLES FL D LEVINE, IRWIN		1.3 S 1.4 C ETE 2.1 TI 2.2 N	TREET ADDRESS ETTY-ST-ZIP TITLE IAME			
CITY-ST-ZIP TITLE NAME STREET ADDRESS	5810 MAGGIORE ST. CORAL GABLES FL D LEVINE, IRWIN 4293 PRAIRIE AVE		1.3 S 1.4 C ETE 2.1 TI 2.2 N - 2.3 S	TREET ADDRESS TITY-ST-ZIP TITLE IAME TREET ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	5810 MAGGIORE ST. CORAL GABLES FL D LEVINE, IRWIN 4293 PRAIRIE AVE MIAMI BEACH FL	□ DEL	1.3 S 1.4 C ETE 2.1 TI 2.2 N 2.3 S 2.4 C	ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS CITY-ST-ZIP			
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	5810 MAGGIORE ST. CORAL GABLES FL D LEVINE, IRWIN 4293 PRAIRIE AVE MIAMI BEACH FL D COHEN, MARK S.	□ DEL	1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C ETE 3.1 TI 3.2 N	ITREET ADDRESS EITY-ST-ZIP ITILE IAME ITREET ADDRESS CITY-ST-ZIP ITLE IAME		☐ Change	Addition
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6.4 CITY-ST-ZIP CITY-ST-ZIP fination 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 or to 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 oration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in get, or or an attachment with an address, with all other like empowered. 14. I hereby certify that the informal indicated on this annual report of officer or director of the corpora Block 12 or Block 13 if spranger

6.3 STREET ADDRESS

NAME

STREET ADDRESS

1/14/99

(305) 446-7674