

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # M41131 (7)

1. Corporation Name

R & W RESTAURANT, INC.



Principal Place of Business

C/O ROBERT A. GUERIN  
1630 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134

Mailing Address

C/O ROBERT A. GUERIN  
1630 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified  
11/04/1986

3a. Date of Last Report  
03/09/1995

2. Principal Place of Business  
21 2550 N.W. 13 ST

2a. Mailing Address  
26 2550 N.W. 13 ST.

4. FEI Number  
59-2758758

Applied For  
Not Applicable

22 Suite/Apt. #, etc.  
#229

27 Suite/Apt. #, etc.  
#229

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State  
MIAMI, FL

28 City & State  
MIAMI, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33125 25 Country DAGE

29 Zip 33125 30 Country DAGE

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUERIN, ROBERT A.  
1630 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
2550 N.W. 13 ST.  
83 #229  
84 City MIAMI FL 85 Zip Code 33125

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

Signature of Registered Agent (Print Name of Registered Agent in Block 12)

Signature of Registered Agent (Print Name of Registered Agent in Block 12)

(Date)

12. OFFICERS AND DIRECTORS

| TITLE | NAME                | STREET ADDRESS           | CITY-ST-ZIP     | <input type="checkbox"/> DELETE |
|-------|---------------------|--------------------------|-----------------|---------------------------------|
|       | D GUERIN, ROBERT A. | 1630 PONCE DE LEON BLVD. | CORAL GABLES FL |                                 |
|       |                     |                          |                 |                                 |
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|       |                     |                          |                 |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS   | CITY-ST-ZIP     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|------|------------------|-----------------|------------------------------------------------------------------------------|
| 11    |      | 2550 N.W. 13 ST. | MIAMI, FL 33125 |                                                                              |
| 12    |      |                  |                 |                                                                              |
| 13    |      |                  |                 |                                                                              |
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| 64    |      |                  |                 |                                                                              |

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 119.07(3)(k), 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, 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24X96 635X3693

CR2E034 (12/95)