## 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 # M41131

(7)

R & W RESTAURANT, INC.

Principal Place of Business 2550 NW 13 ST #229 MIAMI FL 33125 US		Mailing Address 2550 NW 13 ST #229 MIAMI FL 33125-2538 US				
					Date Incorporated or Qualified     11/04/1986	3s. Date of Last Report 04/30/1996
2. Principal Place of Business 21		28. Mailing Address		:	4. FEI Number 59-2758758	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	0	City & State		:	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Cour 30	itry		Yes No
	g, Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	egistered Agent
GUERIN, ROBERT A. 2550 NW 13 ST #229			L	81 Name  82 Street Address (P.O. Box Number is Not Acceptable)		
	MI FL 33125			83 84 City		85 Zip Code
l office or r	egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida Such change was a digations of, Section 607.0505, Flo	authorized orida Statu	by the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of changing its registered ept the appointment as registered
	Signature, typed or portrioloan elof registered		<u>.</u>	Agent signature req	uired when reinstating)  ADDITIONS/CHANGES TO OFF	
12.	r;	AND DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFF	Change Addition
THUE	D DOCTOR A	[] DELETE	1.1 TIT			Change Flaumon
NAME	GUERIN, ROBERT A.		1.2 NA			
STREET ADDRESS	2550 NW 13 ST			REET ADDRESS		
CITY - \$1 - 7IP	MIAMI FL	L Drivers		Y-SI-ZIP		Change Addition
TITLE		☐ DELETE	2.1 TIT			C custide C voorgon
NAME			2.2 NA			
STREET ADDRESS			2.3 ST	REET ADDRESS		
CITY - S1 - 71P				TY - \$T - ZIP	<u> </u>	Change   Addition
1111.6		DELETE	3.1 111	· ·	•	Change Addition
NAME.			3.2 NA	ME	•	
STREET ADORESS			3.3 ST	REET ADDRESS		
CITY- ST - ZIP			3 4, CI	TY-\$T-ZIP		
7116		☐ DELETE	4.1 10	LE '	•	Change Addition

6.4 CITY-ST-ZIP 14. I do 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 oath; that I am an officer or director of director of the corporation or the receipt 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 my an autochment with an address.

4. 2 NAME 43 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME **6.3 STREET ADDRESS** 

4.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CHTM-SI-761

CITY-ST-ZIF

THE NAME

Title NAME

DELETE

DELETE

x2.10.97

×305 635 3693

Change Addition

Change

Addition

**FILED** 

Feb 17 1997 8:00am

Secretary of State

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