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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	ANNUAL REPORT		Secretary of State ON OF CORPORATIONS		Secretary of State		
1. Corporation	MENT # M73916 DW INVESTMENTS, INC.	6 (2)					
MAPELO	MA HAAESIMICIAIS! HAO!						
Principal Place of Business Mailing Address							
11900 BISCAYNE BLVD. STE 802 11900 BISCAYNE BLVD. STE 802 MIAMI FL 33181					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 03/28/1988		
2. Principal Place of Business 2a. Mailing Addre					4. FEI Number	Apr	lied For
21		26			65-0041834		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ac Fee Req	
City & State)	City & State			6, Election Campaign Financing	\$5.00 N	
23		28			· · · · · · · · · · · · · · · · · · ·	Added to	
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid t		- 1
24	9. Name and Address of Current	29 Begistered Agent	30		Personal Property Tax due June 30 10. Name and Address of New Regis		No
(2)					ROSEN, ERPOL		
11900 BISCAYNE BLVD. STE 802				82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
MIAMI FL 33181					ess (P.O. Box Number is Not Acceptable) BISCAYNE BLVD.	STE. 802	
				83			İ
a				84 City M/	AMI	FL 85 Zip Ci	ode ///
11. Pursuant i	to the provisions of Sections 807.0502 egistered agent, or full, in the State of	and 607.1508, Florida Statu	tes, the at	pove-named corp by the corporate	oration submits this statement for the purpion's board of directors. I hereby accept the	pose of changing its ne appointment as ri	registered egistered
SIGNATUBE	in familia with, at action the conga		iui iua biai	ules.	4/24/	9)	
	Signature, typed or printed name of registered agon			Agent signature require		DATE	IN 40
12:	PD OFFICERS AND	DELETE	13.	LE I	ADDITIONS/CHANGES TO OFFICER	Change	Addition
NAME	KAPELOW, PAUL	_	1.2 NA	.ME			
STREET ADDRESS	11900 BISCAYNE BLVD.		1.3 ST	REE1 ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CI	TY+\$T-ZIP			
TITLE	ASV	DELETE	2.1 111	1		☐ Change	Addition
NAME	ROSEN, ERROL 11900 BISCAYNE BLVD., #802	•	2.2 NA	1			
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33181	•		REET ADDRESS TY-S1-ZIP			
TITLE	\$D	DELETE	3.1 Til			Change	Addition
NAME	B ROWN, PETER		3.2 NA				Į
STREET ADDRESS	11900 BISCAYNE BLVD., #802	?	3.3 \$1	REFT ADDRESS			}
CITY-ST-ZIP	MIAMI FL 33181			TY-S1-ZIP			
TITLE		☐ DELET E	4.1 1(1	i		Change	Addition
NAME Street address			4. 2 No	REFT ADDRESS			ŀ
CITY-ST-ZIP			1	TY-ST-ZIP			\
TITLE		☐ DELETE	5.1 Til			Change	Addition
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 ST	HEET ADDRESS			ĺ
CITY-ST-ZIP		Dr. ere	_	IY-ST-ZIP			A.A.Bi
TITLE		DELETE	6.1 7/7			L. Change	Addition
NAME Street address			6.2 NA 6.3 ST	ME REET ADDRESS			
CITY-ST-ZIP				TY-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 in rue 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 tuestor 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.

FILED

May 06 1998 8:00am