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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000013821 (2)

RSW BROKERAGE, INC. Principal Place of Business Mailing Address 11401 SW B7TH AVENUE 11401 SW 87TH AVENUE MIAMI FL 33176 MIAMI FL 33176 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/01/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable 11-3067227 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 30 Yes □ No 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WALLACH, RICHARD S 11401 SW 87TH AVENUE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** 83 Zip Code 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE RICHARD S. WALLACH NAME 1.2 NAME 11401 SW 87TH AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE ٧S 2.1 TOLE Change Addition ROWENA WALLACH 2.2 NAME 11401 SW 87TH AVE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE Change 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TIME 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the examplion 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 the corporation or the receiver or trustee empowered to execute his 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:

FILED

Jan 09 1998 8:00am

Secretary of State