

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90246 040 ***158.75

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1. Corporation Name

F&R RIVERGATE CORP.



Principal Place of Business

Mailing Address

444 BRICKELL AVENUE

444 BRICKELL AVENUE

STE 1001

STE 1001

MIAMI FL 33131

MIAMI FL 33131

US

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/05/1994

4. FEI Number

65-0502695

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒

No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

SCHRAM, RONALD Y
444 BRICKELL AVENUE
STE 1001
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2801 FLORIDA AVE

83 SUITE 12

84 City COCONUT GROVE

FL

85 Zip Code 33133-1903

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVS ☐ DELETE

NAME SCHRAM, RONALD Y
STREET ADDRESS 444 BRICKELL AVE, STE 1001
CITY-ST-ZIP MIAMI FL 33131

TITLE DP ☐ DELETE

NAME HESSEL, FRANK J
STREET ADDRESS 444 BRICKELL AVE, STE 1001
CITY-ST-ZIP MIAMI FL

TITLE DVTS ☐ DELETE

NAME MCGEE, FRANKLIN A.
STREET ADDRESS 444 BRICKELL AVE, STE 1001
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 2801 FLORIDA AVE - SUITE 12

1.4 CITY-ST-ZIP COCONUT GROVE FL 33133-1903

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 2801 FLORIDA AVE - SUITE 12

2.4 CITY-ST-ZIP COCONUT GROVE FL 33133-1903

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 2801 FLORIDA AVE SUITE 12

3.4 CITY-ST-ZIP COCONUT GROVE FL 33133-1903

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-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 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F.A. MCGEE

Date

Daytime Phone #

2/19/99 305-529-9088

CRZE034 (11/98)