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FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000037727 (1)

1. Corporation Name
R/W MEDIA, INC.

Principal Place of Business

510 RAVEN AVE.
MIAMI FL 33186

Mailing Address

PO BOX 661658
MIAMI SPRINGS FL 33266-1658
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1995

4. FEI Number

65-0601523

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

☒ Yes

☐ No

2. Principal Place of Business

21 7200 NW 194 ST

Suite, Apt. #, etc.

22 SUITE 201

City & State

23 MIAMI, FL

Zip

24 33126

Country

25 USA

2a. Mailing Address

26 7200 NW 194 ST

Suite, Apt. #, etc.

27 SUITE 201

City & State

28 MIAMI, FL

Zip

29 33126

Country

30

9. Name and Address of Current Registered Agent

ARONOWITZ, JUDD A ESQ
7900 RED ROAD, SUITE 12
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME
WELCH, LAUREL
STREET ADDRESS
510 RAVEN AVE.
CITY-ST-ZIP
MIAMI FL

TITLE DVP ☐ DELETE

NAME
ROBBIE, CHRISTOPHER H
STREET ADDRESS
626 VALENCI #1
CITY-ST-ZIP
CORAL GABLES FL

TITLE D ☒ DELETE

NAME
WEBB-ROBBIE, AMY C
STREET ADDRESS
3909 S.W. 62ND AVE.
CITY-ST-ZIP
MIAMI FL 33155

TITLE D ☐ DELETE

NAME
WELCH, ALLAN D
STREET ADDRESS
510 RAVEN AVE.
CITY-ST-ZIP
MIAMI FL 33186

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

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

266 HAMMOND DRIVE
MIAMI SPRINGS, FL 33146

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 a 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:

[Handwritten Signature]

CR2E034 (10/97)