

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  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90034 032 \*\*\*150.00

DOCUMENT # P95000065286

1. Corporation Name  
R & R PARTNERS, INC.



Principal Place of Business  
P.O. BOX 630-698  
MIAMI FL 33163  
US

Mailing Address  
P.O. BOX 630-698  
MIAMI FL 33163  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 7640 NW 6th St

22 Suite, Apt. #, etc.

23 City & State Ft. Lauderdale FL

24 Zip 33324

25 Country

26 Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

08/21/1995

4. FEI Number

65-0607469

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

7. This corporation owes the current year intangible

Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

HENDEL, TED  
19958 N.E. 5TH CT  
MIAMI FL 33179

10. Name and Address of New Registered Agent

81 Name Ted Hendel  
82 Street Address (P.O. Box Number is Not Acceptable) 780 NE 199th St Suite E202  
83  
84 City Miami FL 85 Zip Code 33179

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

3/20/99

12. OFFICERS AND DIRECTORS

TITLE P & S. ☐ DELETE

NAME HENDEL, TED

STREET ADDRESS 19958 NE 5TH CT

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME Robert Roberts

STREET ADDRESS 7640 NW 6th St

CITY-ST-ZIP Ft. Lauderdale, FL 33324

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

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

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

Date

Daytime Phone #

3/20/99

954-236-6988

CR2E034 (1/98)

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