

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

FILED

Apr 15 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000046748 (5)**

1. Corporation Name  
**RWR DESIGNS, INC.**



Principal Place of Business <b>8649 NW 186TH ST STE 123 MIAMI FL 33015-2553</b>	Mailing Address <b>8649 NW 186TH ST STE 123 MIAMI FL 33015-2553</b>
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3. Date Incorporated or Qualified <b>06/03/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>8004 N.W. 154 Street</b> Suite, Apt. #, etc. 22 <b>Suite #201</b> City & State 23 <b>Miami Lakes, FL</b> Zip 24 <b>33016</b>	2a. Mailing Address 26 <b>8004 N.W. 154 Street</b> Suite, Apt. #, etc. 27 <b>Suite #201</b> City & State 28 <b>Miami Lakes, FL</b> Zip 29 <b>33016</b>	Country 25 <b>USA</b> 30 <b>USA</b>
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4. FEI Number <b>65-0668778</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FLORIDA INCORPORATORS, INC.**  
**15 SIDONIA AVENUE STE 2**  
**CORAL GABLES FL 33134-3449**

10. Name and Address of New Registered Agent

81 Name <b>RODRIGO ARGUELLO</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>8004 NW 154 ST</b>
83 <b>SUITE 201</b>
84 City <b>MIAMI LAKES FL</b>
85 Zip Code <b>33016</b>

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]* **OWNER** DATE: **3/14/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>KENNEDY, THOMAS J</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KENNEDY, THOMAS J</b>		1.2 NAME	
STREET ADDRESS <b>19251 NW 88TH COURT</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33015</b>		1.4 CITY-ST-ZIP <b>33018</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME <b>KENNEDY, ANN L</b>		2.2 NAME	
STREET ADDRESS <b>19251 NW 88TH COURT</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33015</b>		2.4 CITY-ST-ZIP <b>33018</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]* **Thomas J. Kennedy President** 4/2/97 (305) 829-6043

CR2E034 (9/96)