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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # **P96000046748**

1. Corporation Name

RWR DESIGNS, INC.

Principal Place	of Business	Mailing Address							
8004 NW 154TH	I STREET	8004 NW 154TH STREET							
STE #201		STE #201					T. 180175 181	TUIO ODAGE	
MIAMI LAKES FL 33016		MIAMI LAKES FL 33016			1 2	DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed			
US		US	-			e incorporated or Q /03/1996	uaiiteo		
2 Principal Pla	ace of Business	2a. Mailing Address			4. FEI	Number			Applied For
21	335 5, 24455	26			65	-0668778			Not Applicable
Suite, Apt. #	# etc.	Suite, Apt. #, etc.	<del>.</del>					\$8.7	5 Additional
	.,	27			5. Cer	tifcate of Status Des	sired 🔲	Fee	Required
City & State		City & State			e Fler	ction Campaign Fina	ancing	\$5.0	0 May Be
23		28			1	st Fund Contribution	~		ed to Fees
Zip	Country	Zip	Countr	,		s corporation owes t		ar Intangible	
	25	29 30	~ <b>,</b>	•	**	sonal Property Tax.	no ounom yo	Yes	□No
24	9. Name and Address of Currer		<u>'</u>			me and Address of	New Regist	ered Agent	
	9. Name and Address of Curren	It registered Agent	81	Name			· · · · · · · · · · · · · · · · · · ·		
ARGI	UELLO, RODRIGO		L						
	NW 154TH STREET		82	Street	t Address (P.O. I	Box Number is Not	Acceptable)		
	#201		_						<del></del>
	#201 #I LAKES FL 33016		83						<u></u>
			84	City				FL  85   Z	ip Code
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes,	, the abov	/e-named	d corporation sub	bmits this statement	for the purpo	se of changing	its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autr	nonzea di	/ the coπ	poration's board	of directors. I hereb	y accept the	appointment as	registered
SIGNATURE							- 54	TE	
Signature, typed or printed name of registered agent		ent and title if applicable (NOTE: Re	acistored Ace	nt eignature	required when reinstat	tina)	UA	NE.	
		<u>-</u>		in Bigriatoro			TO OFFICE	SE AND DIDEC	TOPS IN 12
12.	OFFICERS AN	ND DIRECTORS	13.			ITIONS/CHANGES	TO OFFICE		
	OFFICERS AND	<u>-</u>	13. 1.1 TITLE				TO OFFICER	RS AND DIREC	
12.	OFFICERS AND KENNEDY, THOMAS J	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME		ADD		TO OFFICER		
12.	OFFICERS AND D KENNEDY, THOMAS J 19251 NW 88TH COURT	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME		ADD		TO OFFICER		
12. TITLE NAME	OFFICERS AND KENNEDY, THOMAS J	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ET ADDRESS	ADD		TO OFFICER	☐ Chan	ge Addition
12. TITLE NAME STREET ADORESS	OFFICERS AND D KENNEDY, THOMAS J 19251 NW 88TH COURT	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ET ADDRESS	ADD		TO OFFICER		ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D KENNEDY, THOMAS J 19251 NW 88TH COURT MIAMI FL	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	ET ADDRESS ST-ZIP	ADD		TO OFFICER	☐ Chan	ge Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D KENNEDY, THOMAS J 19251 NW 88TH COURT MIAMI FL D	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME	ET ADDRESS ST-ZIP	ADD		TO OFFICE	☐ Chan	ge Addition
112. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D KENNEDY, THOMAS J 19251 NW 88TH COURT MIAMI FL D KENNEDY, ANN L	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE	ET ADDRESS ST-ZIP ET ADDRESS	ADD		TO OFFICE	☐ Chan	ge Addition
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112.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS AND D KENNEDY, THOMAS J 19251 NW 88TH COURT MIAMI FL D KENNEDY, ANN L 19251 NW 88TH COURT	ND DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ADD		TO OFFICE	☐ Chan	ge Addition
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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 adjutes, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

FILED Apr 22, 1999 8:00 am Secretary of State 

04-22-1999 90163 013 \*\*\*150.00