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

PROFIT CORPORATION ANNUAL REPORT

2. Principal Place of Business

21



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P9600047459

SOUTH BEACH RRR PROPERTIES, INC.

Principal Place of Business Mailing Address
300 SOUTH POINTE DRIVE 300 SOUTH POINTE DRIVE
UNIT 3804 UNIT 3804
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139

2a. Mailing Address

26

## FILED Jan 22, 1999 8:00am Secretary of State

01-22-1999 90024 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualifed

06/03/1996

65-0743507

4. FEI Number

Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status D		Fee Required		
2		27							quirea
City & State		City &	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Country	Zip		Country		8. This corporation owe	s the current ye	ear Intangible	
			, ,		Personal Property Ta			□No	
4	9. Name and Address of Current	11		<u> </u>		10. Name and Address	of New Regis	ered Agent	
				81	Name				
MARMISH, PAUL M									
1670 MICANOPY AVENUE COCONUT GROVE FL 33133				82	82 Street Address (P.O. Box Number is Not Acceptable)				
				83		<del> </del>			2.3
• • • • • • • • • • • • • • • • • • • •				**		·		<u> </u>	<u> </u>
		•		84	City			FL 85 Zip C	Code
<u>,</u>	<u> </u>				L			;	intered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	í Florida, Such	i change was auth	norized by	the corporati	on's board of directors. I her	eby accept the	appointment as req	gistered
	m turning war, and accept me congain								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	e. (NOTE: Re	egistered Age	nt signature require	ed when reinstating)		ATE	
12.	OFFICERS AND	DIRECTORS	3	13.	-	ADDITIONS/CHANGE	S TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	PD		☐ DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME !	REUTIMANN, ROGER			1.2 NAME					
STREET ADDRESS	300 SOUTH POINTE DRIVE., UN	IT 3804		1.3 STREE	T ADDRESS				
	MIAMI BEACH FL 33139			1.4 CITY-S					
CITY-ST-ZIP TITLE	MINAMI BEACHTIE COTOS		DELETE	2.1 TITLE				☐ Change	☐ Addition
			_	2.2 NAME					
NAME					T ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP		<u> </u>	DELETE	2. 4 CITY-5 3.1 TITLE	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		Change	Addition
TITLE			C) pereie	***************************************				□1 ooge	
NAME	*.			3.2 NAME					
STREET ADDRESS				3.3 STREE	T ADDRESS			•	
CITY-ST-ZIP			<u></u> -	3.4. CITY-	ST-ZIP	·			
TITLE			□ D€LĒTE	4.1 TITLE				· 🔲 Change	Addition
NAME	_			4, 2 NAME					
STREET ADDRESS	•			4.3 STREE	TADDRESS				
CITY-ST-ZIP	•			4.4 CITY-S	T-ZIP				
TITLE			☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREE	T ADDRESS				
CITY-ST-ZIP				5.4 CITY-S	IT-ZIP				
TITLE		···········	☐ DELETE	6.1 TITLE		<u>.</u>		☐ Change	Addition
İ				6.2 NAME					
NAME					T ADDRESS				
STREET ADDRESS				6.4 CITY-S					
CITY-ST-ZIP	1								

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 informatic 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

-8-99 (305) 538-11.

3R2E034 (11/98)