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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000049853 (9)

1. Corporation Name

ROSCOE & BERNIE'S RIVERWALK, INC.



Principal Place of Business

Mailing Address

~~1450 MADRUGA AVE., SUITE 302~~
~~CORAL GABLES FL 33146~~

~~1450 MADRUGA AVE., SUITE 302~~
~~CORAL GABLES FL 33146~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 300 SW 1ST AVE

22 Suite, Apt. #, etc.

22 W-139

23 City & State

23 FT LAUDERDALE, FL

24 Zip

24 33301

Country

25

2a. Mailing Address

26 18778 NE 29 AVE

27 Suite, Apt. #, etc.

27

28 City & State

28 AVENTURA FL

29 Zip

29 33180

Country

30 Dade

3. Date Incorporated or Qualified

06/04/1997

4. FEI Number

65-0775893

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

9. Name and Address of Current Registered Agent

SYNALOVSKI, ELIAS

~~1450 MADRUGA AVE., SUITE 302~~
~~CORAL GABLES FL 33146~~

81 Name

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

82 18778 NE 29 AVE

83

84 AVENTURA

FL

85 Zip Code

33180

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME SYNALOVSKI, ELIAS
STREET ADDRESS ~~1450 MADRUGA AVE., SUITE 302~~
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ DELETE

NAME BROIDE, BERNARD
STREET ADDRESS ~~1450 MADRUGA AVE., SUITE 302~~
CITY-ST-ZIP CORAL GABLES FL 33146

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 20281 E. COUNTRY CLUB DR #204

1.4 CITY-ST-ZIP AVENTURA, FL 33180

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 5689 OAKMONT AVE

2.4 CITY-ST-ZIP HOLLYWOOD, FL 33312

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.

SIGNATURE:  ELIAS SYNALOVSKI 4/20/98 (305) 336-0577

CR2E034 (10/97)