## 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

## DOCUMENT # **P98000087582**1. Corporation Name

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90020 016 \*\*\*150.00

RCI-DINI	NER KEY, INC.						
Principal Place	e of Business	Mailing Address		<del></del>	-		
300 ALTON RD. STE 303 300 ALTON RD. STE 303 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					10/12/1998	,	
2. Principal P	lace of Business	2a. Mailing Address			4. FFI Number	Apı	olied For
21 26		26			65-0875213	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	·		5. Certificate of Status Desired	\$8.75 A	dditional
22		27			3. Certificate of Status Desired	Fee Re	quired
City & Stat	te 1 = 1 ; = 1 ;	City & State_			6. Election Campaign Financing	\$5.00	
23	<u> </u>	28		<u>-</u>	Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current year t		□Na I
24	25	_ <del></del>	30		Personal Property Tax.  10. Name and Address of New Registere		□No
	9. Name and Address of Current	Registered Agent	81	Name	44. Marie and Address of New Registere	u Agent	
KEA	RNS, JOHN W ESQ.					<u> </u>	
431 GERONA AVE			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33146			83			<del></del>	·
00.	THE CHIEFEST E GOTTO				·		
ı		•	84	City	· F	85 Zip C	ode
11 Dumuent	to the provinces of Sections 607.0503	and 607 1508 Florida Statutes	s the above-	named corp	pration submits this statement for the nurnose	of changing its	registered
office or r	registered agent, or both, in the State of	of Florida. Such change was aut	thorized by th	e corporation	in's board of directors. I hereby accept the app	ointment as reg	jistered
agent. I a	im familiar with, and accept the obligat	ions of, Section 607.0505, Flori	da Statutes.				-
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent s	signature required	d when reinstating) DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				
NAME	CHRISTOPH, ROBERT W					☐ Change	☐ Addition
STREET ADDRESS	444 11 TON TO ATT 444		1.2 NAME			☐ Change	☐ Addition {
	300 ALTON RD, STE 303		1.2 NAME 1.3 STREET A	DDRESS :		☐ Change	☐ Addition {
CITY-ST-ZIP	MIAMI BEACH FL 33139	· · ·					·
TITLE	I	DELETE	1.3 STREET A			☐ Change	. Addition
	I	☐ DELETE	1.3 STREET A				·
TITLE	MIAMI BEACH FL 33139	☐ DELETE	1.3 STREET A 1.4 CITY-ST-2 2.1 TITLE	ZIP			·
TITLE .	MIAMI BEACH FL 33139	· · · · · · · · · · · · · · · · · · ·	1.3 STREET A 1.4 CITY-ST-2 2.1 TITLE 2.2 NAME	DORESS		☐ Change	. 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 suppliemental 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 trastile 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 arraddress with all other like empowered.

SIGNATURE

GULLUL HOLLOW COLOR OF ICE OF DIRECTOR DIRECTOR DIRECTOR

4-16-99

(305) 672-3588

Daytime Phone