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Apr 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S63622** (2)  
1. Corporation Name  
**RLR DEVELOPMENT, INC.**



Principal Place of Business  
**601 BRICKELL KEY DR  
STE 605  
MIAMI FL 33131  
US**

Mailing Address  
**601 BRICKELL KEY DR  
STE 605  
MIAMI FL 33131-2650  
US**

3. Date Incorporated or Qualified  
**06/27/1991**

3a. Date of Last Report  
**04/05/1996**

4. FEI Number  
**65-0270503**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country

2a. Mailing Address  
25. Suite, Apt. #, etc.  
26. City & State  
27. Zip  
28. Country

9. Name and Address of Current Registered Agent

**RUWITCH, ROBERT L  
601 BRICKELL KEY DR  
STE 605  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code  
**FL**

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, 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

11. TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

14. TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

15. TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

16. TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

17. TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

18. TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

19. TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

20. TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE  
12. NAME  
13. STREET ADDRESS  
14. CITY- ST- ZIP

21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY- ST- ZIP

31. TITLE  
32. NAME  
33. STREET ADDRESS  
34. CITY- ST- ZIP

41. TITLE  
42. NAME  
43. STREET ADDRESS  
44. CITY- ST- ZIP

51. TITLE  
52. NAME  
53. STREET ADDRESS  
54. CITY- ST- ZIP

61. TITLE  
62. NAME  
63. STREET ADDRESS  
64. CITY- ST- ZIP

14. I do hereby certify that the information reported 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-97 305-577-3902  
Date Daytime Phone #

CR2E034 (9/96)