FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **163000** **(3)**

1. Corporation Name
RENARD MANUFACTURING CO INC

Principal Place of Business
3305 NW 79 AVENUE
MIAMI FL 33122-1015
US

Mailing Address
3305 NW 79 AVENUE
MIAMI FL 33122-1015
US

3. Date Incorporated or Qualified: **09/28/1950**
3a. Date of Last Report: **04/13/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-6070073** 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

9. Name and Address of Current Registered Agent
WEINER, AL
3305 NW 79TH AVENUE
MIAMI FL 33122

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 Type or Print Name of Registered Agent) (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14	
TITLE	D ☐ DELETE	1.1 TITLE	VICE PRESIDENT, DIRECTOR ☐ Change ☑ Addition
NAME	CRUDELE, VINCENT	1.2 NAME	GILDA PORTELES
STREET ADDRESS	3551 N.W. 79TH AVE	1.3 STREET ADDRESS	3305 NW 79 AVE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33122-1015
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SIMERLY, JULIAN C.	2.2 NAME	
STREET ADDRESS	3305 NW 79TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GARCIA, EDUARDO	3.2 NAME	
STREET ADDRESS	3305 NW 79TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SYLLA, JACOB	4.2 NAME	
STREET ADDRESS	3305 NW 79TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TANNENBAUM, HERMAN	5.2 NAME	
STREET ADDRESS	1941 NE 188TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D ☑ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	RANKINE, DAVID	6.2 NAME	
STREET ADDRESS	7590 N.W. SO RIVER DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MEDLEY FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: EDUARDO GARCIA / SECRETARY TREASURER — 1-24-96 — 305-592-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)