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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 668978

(0)

REN-MAR CONSTRUCTION, INC.

Principal Prace of Business Mailing Address					JU WANT WASA BINI WAN	II Bra ff Bib il 1881	
11260 N.W.6ST 11260 N.W.6ST PLANTATION FL 33324 PLANTATION FL							
					3. Date incorporated or Qualified 05/05/1980	3a. Date of L 02/27/19	
	Place of Business	2a. Mailing Address	28. Mailing Address		4. FEI Number		Applied For
21		26			59-2073381		Not Applicable
Suite Apt		Suite, Apt #, etc.	27		5. Certificate of Status Desired	T	.75 Additional ee Required
City & Stat	te	City & State			6. Election Campaign Financing		5.00 May Be
23 Zip	Country	28	T Cause		Trust Fund Contribution		dded to Fees
24	25	Zip	Country	У	8. This corporation has liability for	r intangible tax un □ Yes □ No	der s. 199.032,
[24]	9. Name and Address of Curre	29 ent Registered Agent	30		Florida Statutes 10. Name and Address of New R		
MU	NOZ, SERAFIN R.		81	Name		ogiotorou Agont	
11260 NW 6 STREET				0 111	(0.6)		
PLANTATION FL 33325				Street Add	fress (P.O. Box Number is Not Accepta	(ble)	
			83				P-71-17-11-1-1-11-11-11-11-11-11-11-11-11
			-				
			84	City		FL 85	Zip Code
11. Pursuant office or agrent. La	to the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with, and accept the obli	502 and 607, 1508, Florida Statute of Florida, Such change was	ites, the above	re-named cor y the corpora	poration submits this statement for the tition's board of directors. I hereby according		ring its registered int as registered
SIGNATURE	and the second s	19/11/2/13 01, 000110/1 007.0000,1	TOTAG CIGIGIO				
SIGNATORI	Styriatine, typed or portion can e of nigstered a	igent and title if applicable (NO	TE: Registered Ag	ent signature requ	lired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
1 1114	PD	L_I DELETE	1.1 TITLE			∐ Ch	ange L Addition
NAME	MUNOZ, SERAFIN R.		1.2 NAME				
STREET ADORESS	11260 NW 6 STREET	1.3		T ADDRESS			
CITY-ST-74	PLANTATION FL	Doctor	1.4 CITY	ST-ZIP			
TITLE	MUNOZ, MARIA A.	DELETE	2 1 TITLE			∟ Ch	ange
NAME	11260 NW 6 STREET		2.2 NAME				
STREET ADDRESS	PLANTATION FL			T ADDRESS			
CHY-SI-ZiP TITLE	I PANIANON I L	DELETE	2. 4 CITY- 3.1 TITLE	S1-ZIP		Псь	ange Addition
NAME		FT Secret	3.2 NAME				ango LLI MOMON
STREET ADDRESS				T ADDRESS			
CHY-ST-Z-P			3.4 CITY-				
FILE	P-79	DELETE	4.1 TITLE			☐ Ch	ange Addition
NAME			4. 2 NAME				-
STREET ADORESS	43			T ADDRESS			
CITY - ST - Z(F)			4.4 CITY-1	ST-ZIP			
THLE	The second secon	DELETE	5.1 TITLE			☐ Ch	ange Addition
NAME			5.2 NAME				
STREET ADORESS			5.3 STREE	T ADDRESS			
DITY-ST-7 P			5.4 CITY-1	ST-ZIP			
TIFLE		DELETE	61 TITLE			☐ Ch	ange Addition
NAME			6.2 NAME				
STREET ADORESS			63STREE	T ADDRESS			

14. I do 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:

2/20/97 954-476-9029

FILED

Feb 28 1997 8:00am

Secretary of State