

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1 of 2

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000062608 (1)**

1. Corporation Name
RENEDO APARTMENTS, INC.



Principal Place of Business

Mailing Address

~~8460 SW 5 ST
MIAMI FL 33144~~

8460 SW 5 ST
MIAMI FL 33144

2. Principal Place of Business

2a. Mailing Address

21 See attach paper

26 9601 S.W. 94th

Suite, Apt. #, etc.

Suite, Apt. # etc.

22 City & State

27 Athlete Housing Office

23 Zip

Country

28 Miami, FL

24 Zip

Country

29 33176

Country

3. Date Incorporated or Qualified

08/14/1995

3a. Date of Last Report

4. FEI Number

65-0405330

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

10. Name and Address of New Registered Agent

MARQUEZ, JOSE M
780 NW LEJEUNE RD
SUITE 400
MIAMI FL 33126

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
D	HERRAN, MANUEL A	8460 SW 5 ST	MIAMI FL 33144	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<input type="checkbox"/>
1.3 STREET ADDRESS	<input type="checkbox"/>
1.4 CITY-ST-ZIP	<input type="checkbox"/>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<input type="checkbox"/>
2.3 STREET ADDRESS	<input type="checkbox"/>
2.4 CITY-ST-ZIP	<input type="checkbox"/>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<input type="checkbox"/>
3.3 STREET ADDRESS	<input type="checkbox"/>
3.4 CITY-ST-ZIP	<input type="checkbox"/>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<input type="checkbox"/>
4.3 STREET ADDRESS	<input type="checkbox"/>
4.4 CITY-ST-ZIP	<input type="checkbox"/>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<input type="checkbox"/>
5.3 STREET ADDRESS	<input type="checkbox"/>
5.4 CITY-ST-ZIP	<input type="checkbox"/>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<input type="checkbox"/>
6.3 STREET ADDRESS	<input type="checkbox"/>
6.4 CITY-ST-ZIP	<input type="checkbox"/>

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:

Manuel A Herran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96

(305) 598-5555
Daytime Phone #

CR2E034 (12/95)

2) Principal Place of Business

2 of 2

2170 N.W. 11st
Miami, FL 33125

6537 W. Flagler St.
Miami, FL 33126

6237 W. Flagler St.
Miami, FL 33126