SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000011943

RONAN INVESTMENTS, INC.

FILED Aug 02, 1999 8:00 am Secretary of State

08-02-1999 90001 043 ***550.00

Principal Plac	a of Rueinose	Mailing Address	_	
I				•
8055 S.W. 99TH STREET 8055 S.W. 99TH STREET MIAMI FL 33156 MIAMI FL 33156				
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
ļ				02/04/1998
⊢	1ace of Business 5740 SW 58 Pl	2a. Mailing Address	8 Place	4. FEI Number 65 - 08/2 \ 32 Not Applied For Not Applicable
21 3		26 5740 SW S	0 1/1000	\$8.75 Additional
Suite, Apt.	#, etc.	27		5. Certificate of Status Desired Fee Required
22 27				6. Election Campaign Financing \$5.00 May Be
23 South Miami IFI 28 South Miom			in 7 FL	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year
24 33 1	t3 25 USA	29 331433	5 US A	Intangible Personal Property. Yes No
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
81 Name				5Am C
MAGRAM, RONALD L. R.L.			82 Street Add	ress (P.O. Box Number is Not Acceptable)
8055 S.W. 99TH STREET			Street Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33156			83	
			84 City	85 Zip Code
3841/ 1114m1 FL 33143				
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 req				7 28 99
12.	Signature, typed or printed name of egistered agent. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ST	DELETE		5740 SW S8 PLACE B Change Addition
NAME	MAGRAM, SELMA	h 0 a.c. (-		3 140 360 30 1110
STREET ADDRESS	6220 SW 84TH STREET		1.3 STREET ADDRESS	South Miami, Fl. 33/43.
CITY-ST-ZIP	MIAMI FL 33143		1.4 CITY-ST-ZiP	<u> </u>
TITLE	P	DELETE	2,1 TITLE	Change Addition
NAME	MAGRÁM, RONALD.L		2.2 NAME	5740 8W 58 Place
STREET ADDRESS	8055 S.W. 99TH STREET		2.3 STREET ADDRESS	So. Miami , FL 33143
CITY-ST-ZIP	MIAMI FL 33156		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	Change Addition
NAME	KIRSNER-CANTO, NANCY DR.		3.2 NAME	
STREET ADDRESS	6251 CORAL LAKE DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155		3.4 CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS	(.		4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	L_ Change L_ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		Delete	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
1		DELETE	6.2 NAME	Change L Addition
137-UNIC				
STREET ADDRESS			6.3 STREET ADDRESS	
NAME	1		E 2 NAME	ſ

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 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: