

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

FILED

Feb 04 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 # 470966 (3)

1. Corporation Name  
REN CORP.

Principal Place of Business  
789 S.W. 73RD COURT  
MIAMI FL 33144

Mailing Address  
799 S.W. 73RD COURT  
MIAMI FL 33144-2641



3. Date Incorporated or Qualified 01/24/1975  
3a. Date of Last Report 02/05/1996

|                                |                        |                                                                                                                                                                |                                |
|--------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    | 4. FEI Number<br>59-2837647                                                                                                                                    | Applied For<br>Not Applicable  |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                      | \$8.75 Additional Fee Required |
| 22 City & State                | 27 City & State        | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                             | \$5.00 May Be Added to Fees    |
| 23 Zip                         | 28 Country             | 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| 24                             | 25                     | 29                                                                                                                                                             | 30                             |

9. Name and Address of Current Registered Agent

DIAZ, MARIA ESTER  
3820 SW 88TH CT.  
MIAMI FL 33165

10. Name and Address of New Registered Agent

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | 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. 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 reinstalling) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-----------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | P DIAZ, MARIA ESTER <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DIAZ, MARIA ESTER                                   | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 3820 SW 88TH CT.                                    | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | MIAMI FL 33165                                      | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | S DIAZ, RAMON <input type="checkbox"/> DELETE       | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DIAZ, RAMON                                         | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 3820 SW 88TH CT.                                    | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | MIAMI FL 33165                                      | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                     | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                     | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                     | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                     | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                     | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                     | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                     | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                     | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                     | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                     | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                     | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                     | 6.4 CITY-ST-ZIP                                       |                                                                   |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 02/20/97 Daytime Phone #

CR2E034 (9/96)