

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **564701** (1)

1. Corporation Name
RENCCI, INC.

Principal Place of Business

**5900 MIAMI LAKES DRIVE
MIAMI LAKES FL 33014**

Mailing Address

**5900 MIAMI LAKES DRIVE
MIAMI LAKES FL 33014**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 13955 NW 60 AVE		26 13955 NW 60 AVE		12/21/1977		05/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1788342		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 MIAMI LAKES FL		28 MIAMI LAKES FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24 33014		25 DADE		29 33014		30 DADE	

9. Name and Address of Current Registered Agent

**ZURZ, TUDOR
5900 MIAMI LAKES DR.
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	13955 NW 60 AVE
83	
84 City	MIAMI LAKES FL
85 Zip Code	33014

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEHAR, REGINA			1.2 NAME			
STREET ADDRESS	5900 N.W. LAKES DRIVE			1.3 STREET ADDRESS	13955 NW 60 AVE		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	MIAMI LAKES FL 33014		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZURZ, TUDOR			2.2 NAME			
STREET ADDRESS	5900 MIAMI LAKES DR.			2.3 STREET ADDRESS	13955 NW 60 AVE		
CITY-ST-ZIP	MIAMI LAKES FL			2.4 CITY-ST-ZIP	MIAMI LAKES FL 33014		
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEHAR, STEVE			3.2 NAME			
STREET ADDRESS	5900 N.W. LAKES DRIVE			3.3 STREET ADDRESS	13955 NW 60 AVE		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	MIAMI LAKES FL 33014		
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEHAR, ALAN			4.2 NAME			
STREET ADDRESS	5900 N.W. LAKES DRIVE			4.3 STREET ADDRESS	13955 NW 60 AVE		
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP	MIAMI LAKES FL 33014		
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEHAR, LAWRENCE			5.2 NAME			
STREET ADDRESS	5900 MIAMI LAKES DR.			5.3 STREET ADDRESS	13955 NW 60 AVE		
CITY-ST-ZIP	MIAMI LAKES FL			5.4 CITY-ST-ZIP	MIAMI LAKES FL 33014		
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.

CR2E034 (4/97)