

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90003 046 \*\*\*150.00

DOCUMENT # 830703 (5)

1. Corporation Name

RANEN PROPERTIES, INC.

Principal Place of Business

6175 N.W. 153rd St.  
Suite 215  
Miami Lakes, FL 33014

Mailing Address

6175 N.W. 153rd St.  
Suite 215  
Miami Lakes, FL 33014

2. Principal Place of Business

21 6175 N.W. 153rd St.

Suite, Apt. #, etc.

22 Suite 312

City & State

23 Miami Lakes, FL

Zip

Country

24 33014

25 US

2a. Mailing Address

26 6175 N.W. 153rd St.

Suite, Apt. #, etc.

27 Suite 312

City & State

28 Miami Lakes, FL

Zip

Country

29 33014

30 US

9. Name and Address of Current Registered Agent

Evans, Sheldon, P.A.

6175 N.W. 153rd St.

Suite 215

Miami Lakes, FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1973

4. FEI Number

59-1537551

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

Evans, Sheldon, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

6175 N.W. 153rd St.

83

Suite 312

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

TITLE PD ☐ DELETE  
NAME Rinaldi, Carlos  
STREET ADDRESS 6175 N.W. 153rd St., Ste. 215  
CITY-ST-ZIP Miami Lakes, FL 33014

TITLE SD ☐ DELETE  
NAME Rinaldi, Haydee  
STREET ADDRESS 6175 N.W. 153rd St., Ste. 215  
CITY-ST-ZIP Miami Lakes, FL 33014

TITLE S ☐ DELETE  
NAME Evans, Sheldon (Asst)  
STREET ADDRESS 6175 N.W. 153rd St., Ste. 215  
CITY-ST-ZIP Miami Lakes, FL 33014

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☒ Change ☐ Addition  
12 NAME Rinaldi, Carlos  
13 STREET ADDRESS 6175 N.W. 153rd St., Ste. 312  
14 CITY-ST-ZIP Miami Lakes, FL 33014

21 TITLE SD ☒ Change ☐ Addition  
22 NAME Rinaldi, Haydee  
23 STREET ADDRESS 6175 N.W. 153rd St., Ste. 312  
24 CITY-ST-ZIP Miami Lakes, FL 33014

31 TITLE S ☒ Change ☐ Addition  
32 NAME Evans, Sheldon (Asst)  
33 STREET ADDRESS 6175 N.W. 153rd St., Ste. 312  
34 CITY-ST-ZIP Miami Lakes, FL 33014

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHELDON EVANS, ASSISTANT SECRETARY

Date

Daytime Phone #

CR2E034 (11/98)