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Feb 22, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000002953

1. Corporation Name
RANZAL & ASSOCIATES, INC.

Principal Place of Business
1401 WESTCHESTER AVE.
WHITE PLAINS NY 10604

Mailing Address
1101 WESTCHESTER AVE.
WHITE PLAINS NY 10604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1998

4. FEI Number

13-3879046

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

2. Principal Place of Business

21 108 CORPORATE PARK DR

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

22 105

Suite, Apt. #, etc.

27

City & State

23 WHITE PLAINS NY

City & State

28

Zip

24 10604

Country

25 US

Zip

29

Country

30

9. Name and Address of Current Registered Agent

BREIER, ROBERT G ESQ.
2800 PONCE DE LEON BLVD., STE. 1125
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

ROBIN RANZAL

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

4021 IBIS POINT CIRCLE

83

84 City

BOCA RATON

FL

85 Zip Code

33431

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

1/4/99

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME RANZAL, ROBIN
STREET ADDRESS 310 SE MIZNER BLVD., #1008
CITY-ST-ZIP BOCA RATON FL 33432

TITLE DVST ☐ DELETE

NAME RANZAL, THEODORE
STREET ADDRESS 1101 WESTCHESTER AVE.
CITY-ST-ZIP WHITE PLAINS NY 10604

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 4021 IBIS POINT CIRCLE
1.4 CITY-ST-ZIP BOCA RATON FL 33431

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 108 CORPORATE PARK DR
2.4 CITY-ST-ZIP WHITE PLAINS NY 10604

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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

1/4/99

Daytime Phone #

CR2E034 (11/98)