

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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthorn Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F99632**
1. Corporation Name
RONOR CORPORATION

Principal Place of Business
**3113 SO OCEAN DR
701
HALLANDALE FL 33009**

Mailing Address
SAME

2. Principal Place of Business 198 NW 79 ST	2a. Mailing Address
22. City & State MIAMI FL 33150	26. Suite, Apt. #, etc.
23. Zip 33150	27. City & State
24. Country	28. Zip
25. Country	29. Country
30. Country	

3. Date Incorporated or Qualified 9/14/82	3a. Date of Last Report 4-8-96
4. FEI Number 59-2274257	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MURRAY, ANGUS
198 NW 79 ST
MIAMI FL 33150**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code 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 and assume with me and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE **ANGUS MURRAY** DATE **4/2/97**

12. OFFICERS AND DIRECTORS

1. NAME P JEDWAB, SAM	<input type="checkbox"/> DELETE
2. STREET ADDRESS 3113 SO OCEAN DR # 701	
3. CITY-STATE-ZIP HALLANDALE FL 33009	
4. NAME JEDWAB, NECHAMA	<input type="checkbox"/> DELETE
5. STREET ADDRESS 3113 SO OCEAN DR # 701	
6. CITY-STATE-ZIP HALLANDALE	
7. NAME	<input type="checkbox"/> DELETE
8. STREET ADDRESS	
9. CITY-STATE-ZIP	
10. NAME	<input type="checkbox"/> DELETE
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. NAME	<input type="checkbox"/> DELETE
14. STREET ADDRESS	
15. CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I, the undersigned, certify that the information supplied with this filing does not equal to the information required in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplement to annual report is true and accurate. My signature shall have the same effect as if made under oath, that I am an officer or director of the corporation or the officer or trustee of the corporation, and that my name appears on the Block 13 Change 1, or on an attachment with this report as required by Chapter 207, Florida Statutes, and that my name

SIGNATURE: **ANGUS MURRAY** DATE **4/2/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)