

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

FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K99297** (9)
1. Corporation Name
RONIERI'S, INC.



Principal Place of Business C/O RONALD RABEN 807 NORTH UNIVERSITY DRIVE PEMBROKE PINES FL 33024	Mailing Address C/O RONALD RABEN 207 NORTH UNIVERSITY DRIVE PEMBROKE PINES FL 33024
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/30/1989	4. FEI Number 65-0128614 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

\$8.75 Additional
Fee Required
\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent RABEN, RONALD 207 NORTH UNIVERSITY DRIVE PEMBROKE PINES FL 33024				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when re-stating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
STREET ADDRESS	NAME	1.2 NAME	
CITY-ST-ZIP	NAME	1.3 STREET ADDRESS	
	NAME	1.4 CITY-ST-ZIP	
	NAME	2.1 TITLE	Change Addition
	NAME	2.2 NAME	
	NAME	2.3 STREET ADDRESS	
	NAME	2.4 CITY-ST-ZIP	
	NAME	3.1 TITLE	Change Addition
	NAME	3.2 NAME	
	NAME	3.3 STREET ADDRESS	
	NAME	3.4 CITY-ST-ZIP	
	NAME	4.1 TITLE	Change Addition
	NAME	4.2 NAME	
	NAME	4.3 STREET ADDRESS	
	NAME	4.4 CITY-ST-ZIP	
	NAME	5.1 TITLE	Change Addition
	NAME	5.2 NAME	
	NAME	5.3 STREET ADDRESS	
	NAME	5.4 CITY-ST-ZIP	
	NAME	6.1 TITLE	Change Addition
	NAME	6.2 NAME	
	NAME	6.3 STREET ADDRESS	
	NAME	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.

SIGNATURE _____

CR2E034 (10/97)