CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09 1997 8:00am
Secretary of State

DOCUMENT # L36264 (4)

1. Corporation Name
V.F. RENAISSANCE, INC.

Principal Place of Business	Mailing Address
2900 N. Military Trail S Suite 201 Boca Raton, FL 33431	2900 N. Military Trail S Suite 201 Boca Raton, FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/14/1989
3a. Date of Last Report:

2. Principal Place of Business
21 Broad & Cassel
Suite Apt. #, etc.
22 7777 Glades Rd, #300
City & State
23 Boca Raton, FL
Zip 24 33434 Country 25 U.S.A.

2a. Mailing Address
26 Broad & Cassel
Suite Apt. #, etc.
27 7777 Glades Rd, #300
City & State
28 Boca Raton, FL
Zip 29 33434 Country 30 U.S.A.

4. FEI Number: 65-0218275 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DEUTCH, JEFFREY A.
7777 Glades Road, Suite 300
Boca Raton, Florida
33434

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDS	1.1 TITLE		☐ Change ☐ Addition
NAME	POMERANTZ, SAUL	1.2 NAME		
STREET ADDRESS	8600 Decarie Blvd, Suite 200	1.3 STREET ADDRESS		
CITY-ST-ZIP	Town of Mount Royal QC H4P 2N2	1.4 CITY-ST-ZIP		
TITLE	TD	2.1 TITLE	TVPD	X Change ☐ Addition
NAME	GATTINGER, FRANKLIN J.	2.2 NAME		
STREET ADDRESS	8600 Decarie Blvd.Suite 200	2.3 STREET ADDRESS		
CITY-ST-ZIP	Town of Mount Royal QC H4P2N2	2.4 CITY-ST-ZIP		
TITLE	VSAD	3.1 TITLE	VASD	X Change ☐ Addition
NAME	POMERANTZ, TERRY	3.2 NAME		
STREET ADDRESS	8600 Decarie Blvd, Suite 200	3.3 STREET ADDRESS		
CITY-ST-ZIP	Town of Mount Royal QC H4P2N2	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Franklin J. Gattinger April 1, 1997 (514) 341-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #