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PROFIT CORPORATION **ANNUAL REPORT**

1998

ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000034451 (3) DOCUMENT #

RONNEL INVESTMENT CORP.

FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 935 ALFONSO AVENUE 835 ALFONSO AVENUE CORAL GABLES FL 33146 CORAL GABLES FL 33146 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/12/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0410446 21 26 Not Applicable Suito, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zιρ Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name RUIZ-MOYA, RONNIE I 935 ALFONSO AVENUE Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33148** 84 City Zip Code 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 against and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change ___ Addition RUIZ-MOYA, RONNIE I NAME 935 ALFONSO AVE. STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL 33146 CITY-\$1-ZIP 1.4 City-ST-ZIP DELETE Addition TITLE 2.1 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETÉ Change Addition 3 1 TITLE TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Change DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST-ZIP CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling 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 receive or interface 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 was a graddress

SIGNATURE:

RONNIE I. RUIZ-MOYA.