

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000051325 (7)

1. Corporation Name

RENAISSANCE DEVELOPMENT CORP.



Principal Place of Business

Mailing Address

% BRIAN SAFIER
400 SOUTH POINTE DR., #1502
MIAMI BEACH FL 33139

% BRIAN SAFIER
400 SOUTH POINTE DR., #1502
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified 07/22/1993	3a. Date of Last Report 05/16/1995
4. FEI Number 65-0424877	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAFIER, BRIAN S
400 SOUTH POINTE DR.
STE. 1502
MIAMI BEACH FL 33139

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 607.1508, 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 in block of registered agent or director (capital letters)

(Print Name of Registered Agent; sign and submit when first time)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MASRI, KARIM I
STREET ADDRESS 400 SOUTH POINTE DR., #1502
CITY-ST-ZIP MIAMI BEACH FL 33139

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D
NAME MASRI, KHALED S
STREET ADDRESS 400 SOUTH POINTE DR., #1502
CITY-ST-ZIP MIAMI BEACH FL 33139

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE P
NAME SAFIER, BRIAN S
STREET ADDRESS 400 SOUTH POINTE DR., #1502
CITY-ST-ZIP MIAMI BEACH FL 33139

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN S. SAFIER 4-5-97

Daytime Phone #

CR2E034 (12/95)