


**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90007 044 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P93000051325**

1. Corporation Name

**RENAISSANCE DEVELOPMENT CORP.**

Principal Place of Business

**956 WASHINGTON AVE**  
**MIAMI BEACH FL 33139**  
**US**

Mailing Address

**956 WASHINGTON AVE**  
**MIAMI BEACH FL 33139**  
**US**


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/22/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0424877	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	<b>MASRI, KARIM</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>956 WASHINGTON AVENUE</b>
83	
84 City	<b>MIAMI BEACH FL</b>
85 Zip Code	<b>33139</b>

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 agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PD &amp; D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MASRI, KARIM I</b>	1.2 NAME	
STREET ADDRESS	<b>400 SOUTH POINTE DR., #1502</b>	1.3 STREET ADDRESS	<b>956 WASHINGTON AVENUE</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	1.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MASRI, KHALED S</b>	2.2 NAME	
STREET ADDRESS	<b>400 SOUTH POINTE DR., #1502</b>	2.3 STREET ADDRESS	<b>956 WASHINGTON AVENUE</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	2.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAFIER, BRIAN S</b>	3.2 NAME	
STREET ADDRESS	<b>400 SOUTH POINTE DR. #1502</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99

Date

305531-2021

Daytime Phone #

CR2E034 (1/98)