

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

APPROVED
AND
FILED

Pg. 182

97 MAY 26 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

PROFIT
CORPORATION
ANNUAL REPORT

1996-1997

DOCUMENT # *P93000065171 (9)*

1. Corporation Name
Ronise Enterprises Inc.
1996-1997 Annual Report

Principal Place of Business Mailing Address
7370 N.W. 36TH ST. STE 319-L
Miami Fl 33166-6726

3. Date Incorporated or Qualified <i>9/20/1993</i>	3a. Date of Last Report <i>01/30/96</i>
4. FEI Number	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	29
25	30

9. Name and Address of Current Registered Agent
KalichTEUK Gerson Luis
7370 NW 36TH ST STE 319-L
Miami Fl 33166-6726

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 607.1508, 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<i>Pres</i>	<input type="checkbox"/> DELETE
NAME	<i>KalichTEUK Gerson Luis</i>	
STREET ADDRESS	<i>7370 NW 36TH ST STE 319-L</i>	
CITY-STATE-ZIP	<i>Miami Fl 33166</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>500002195245</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>-05/29/97--01109--007</i>	
1.3 STREET ADDRESS	<i>****165.00 ****165.00</i>	
1.4 CITY-STATE-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

O. Alan
5/26/97

14. I verify by certifying 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 a director or officer 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, changed or not, as an attachment with an address.

SIGNATURE: _____ DATE: *5/20/97* (305) 688-1716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE

DOCUMENT # P93000065171 (9)

RONISE ENTERPRISES INC.



page 2 of 2

Last years filing was paid on:

2/2/96

Deposit#

90678-014
2-2-96
\$200.00

1. Principal Place of Business 8010 WEST DRIVE #281 NORTH BAY VILLAGE FL 33141	2a. Mailing Address 8010 WEST DRIVE #281 NORTH BAY VILLAGE FL 33141	3. Date of Incorporation or Organization 09/20/1993	3a. Date of Last Report 03/13/1995
2. Principal Place of Business State: Florida	2b. Mailing Address State: Florida	4. FEIN Number 65-0445836	Applied Tax None
23. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25. Country	29. Country	7. This corporation has liability for intangible tax under s. 193.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent KALICHTZUK, GERSON LUIZ 8010 WEST DRIVE, #281 NORTH BAY VILLAGE FL 33141	10. Name and Address of New Registered Agent Name: RONISE ENTERPRISES, INC. Street Address: 4869 NW 97TH PLACE City: MIAMI FL Zip Code: 33178
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11. I, the undersigned, being duly qualified, do hereby certify that the above information is true and correct for the purpose of carrying out the purposes of this act and that my signature shall have the same legal effect as if it were the signature of the corporation.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<input type="checkbox"/> DELETE	11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. PVS KALICHTZUK, GERSON LUIZ 8010 WEST DRIVE #281 NORTH BAY VILLAGE FL 33141	<input type="checkbox"/>	12. NAME	
	<input type="checkbox"/>	13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	20. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, being duly qualified, do hereby certify that the above information is true and correct for the purpose of carrying out the purposes of this act and that my signature shall have the same legal effect as if it were the signature of the corporation.

SIGNATURE: _____ DATE: 1/30/96 (305) 715-9808

RONISE ENTERPRISES, INC.
PH. 305-715-9808
4869 N.W. 97TH PLACE
MIAMI, FL 33178

1221

63-243/870
840

JAN. 30 1996

PAY TO THE ORDER OF Florida Department of STATE \$200.00

Two Hundred Only DOLLARS

NationsBank
NationsBank of Florida, N.A.
Miami, Florida 33100

FOR CORPORATION REC 1996

1001221 067002436 060214562

Handwritten signature