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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

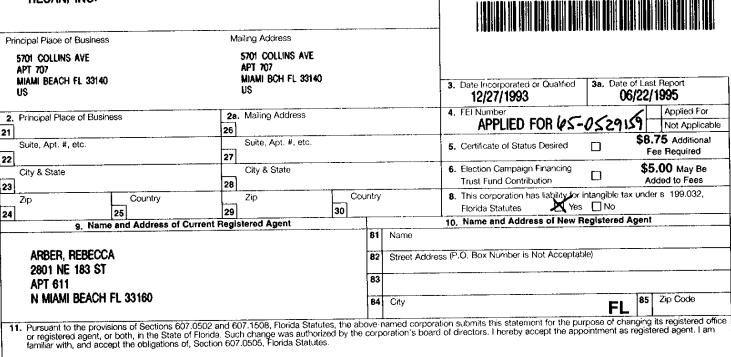
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	#
 Corporation Name 	

P94000001171 (5)

RESAN, INC.



SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12 Change Addition DELETE 1. 1 TITLE TITLE arber, rebecca 1.2 NAME NAME 2801 NE 183 ST APT 611 1.3 STREET ADDRESS STREET ADDRESS N MIAMI BEACH FL 33160 1.4 C(TY-ST-Z)P CITY-ST-ZIP Change Addition T DELETE

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l	NAME	FENSTER, SANDRA		2.2 NAME		
ŀ	STREET ADDRESS	800 WEST AVE APT 501	,	2 3 STREET ADORESS		
۱	CITY-ST-ZIP	MIAMI BEACH FL 33139		2.4 CITY - ST - ZIP		-
ŀ	TITLE		DELETE	3. 1 TITLE	☐ Change	Addition
1	NAME			32 NAME		
I	STREET ADDRESS			3.3. STREET ADDRESS		
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				4.4 CITY - ST - ZIP		
ļ	CITY-ST-ZIP TITLE		☐ DELETE	5. 1 TITLE	Change	Addition
				5.2 NAME		
	NAME execut Apprece			5.3 STREET ADDRESS		

6 4 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6 1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

ONATURE AND TYPED OR PRINTED NAME OF

DELETE

3/13/96 86/-/636 Dayline Phone #

☐ Change

Addition

CR2E034 (12/95)