

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 # **P94000016964 (6)**

1. Corporation Name

RENASCE LUNCHEONETTE, INC.



Principal Place of Business

**2444 N FEDERAL HWY
LIGHTHOUSE POINT FL 33064
US**

Mailing Address

**2444 N. FEDERAL HIGHWAY
LIGHTHOUSE POINT FL 33064
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

22

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

27

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**ARAUJO, LUIZ A D
838 NW 45TH ST
POMPANO BEACH FL 33064**

3. Date Incorporated or Qualified

03/03/1994

3a. Date of Last Report

03/27/1995

4. FEI Number

65-0470422

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 officer 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 of registered agent or officer of corporation authorized to file this statement

(NOTE: Registered Agent Signature required for new filings)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

ARAUJO, LUIZ A

~~1625 NE 31ST STREET~~
POMPANO BEACH FL 33064

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

STD

ARAUJO, LUCIENE

~~1625 NE 31ST STREET~~
POMPANO BEACH FL 33064

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☒ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

PD

ARAUJO, LUIZ A

**838 NW 45TH ST
POMPANO BEACH FL 33064**

5. TITLE ☒ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

STD

ARAUJO, LUCIENE

**838 NW 45TH ST
POMPANO BEACH FL 33064**

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

25. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. 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:

X. Antonio de Araujo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034 (12/95)