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

Mailing Address

CORPORATION ANNUAL REPORT

1997



LI ORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED

Mar 20 1997 8:00am

Secretary of State

(96/6)

## DOCUMENT # **P9500000425 (5)**

RENAISSANCE MEN, INC.

Lan an officer or director of the appears in Block 12 or Block 13

SIGNATURE:

Principal Page of Business.

5690 N.W. 74TH PLACE 5690 N.W. 74TH PLACE SUITE 105 SUITE 105 COCONUT CREEK FL 33073-3569 **COCONUT CREEK FL 33073** 3. Date Incorporated or Qualified 3a, Date of Last Report 01/03/1995 03/28/1996 4. FEI Number 2. Prinagal Place of Business 2a. Mailing Address Applied For 65-0588934 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. # Lefc 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032. Country  $Z_{1D}$ ZacYes No Florida Statutes 30 24 29 10. Name and Address of New Registered Agent 9 Name and Address of Current Registered Agent **B1** Name GOYANES, JORGE E 5690 N.W. 74TH PLACE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 105 83 **COCONUT CREEK FL 33073** 84 City Zip Code 11. Purson title 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 bots, in the State of Fronda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Land turnit ar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Hagistered Agent's greature required when re-installing) policies type in equilibrations arrived to hid agent and the it applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition D / D 5 T GOYANES, JORGE E Change DELETE 1.1 TITLE 10.16 1.2 NAME 5690 N.W. 74TH PLACE, SUITE 105 1.3 STREET ADDRESS STREET ACTORITY **COCONUT CREEK FL 33073** 1.4 CITY-ST-ZIP Olt St ZW Change Addition DELETE 21 TITLE Titlet 2.2 NAME NAMi 2.3 STREET ADDRESS SANCE EADORED 2. 4 CITY - ST - ZIP CHS 51 76 Addition DELETE FILE 31 TILLE 3.2 NAME 1,455 3.3 STREET ADDRESS STREET ATORESA 3 4. CITY - \$1 - ZIP CORY 51 77 Change Add:tion DELETE 41 DUE 1 111 4 2 NAME his Ma 4.3 STHEET ADDRESS STREET AUGMENT 0114 - 51 - 741 4 4 CITY - ST - ZIP DELETE Change Add tion 5.1 TITLE 111,6 5.2 NAME NAME 5.3 STREET ADDRESS SISSEL AFORESS 54 CITY-ST-ZIP Olivi St. Zer Change Addition DELETE 61 TITLE 2114 F 62 NAME NAME: 6.3 STREET ADDRESS 長翔日 初 …… 6.4 C(1) - ST - Z(P)

14. How bereby certify that the information supplied with this foing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on the 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 other or director of the conformation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

on an attachment with an address

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR