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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500000425

RENAISSA	NCE MEN, INC.						
1	· · · · · · · · · · · · · · · · · · ·						
Principal Place of	Principal Place of Business		s				
5690 N.W. 74TH P SUITE 105 COCONUT CREEK	•	5690 N.W. 74TH PLACE SUITE 105 COCONUT CREEK FL 33073					
2. Principal Plac	e of Business	2a. Mailing Add	dress				
Suite, Apt. #,	etc.	Suite, Apt.	#, etc.		್ಯ ಜಾಲ್ಕ		
City & State	•	City & Stat	e				
Zip	Country	Žip	Co	untry			
24	25	29	30				
!	9. Name and Address of Cu	irrent Registered Agen	t	Щ,			
GOYAI	NES, JORGE E			81	Name Street Ad		

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90040 049 ***150.00



:									
Principal Pla	ace of Business	Mailing Address	-	_		1 10011001 110 10101 01111 00111 00111	20 40		-
5690 N.W. 74	TH PLACE	5690 N.W. 74TH PLACE							
SUITE 105	•	SUITE 105	_			DO NOT WRITE IN THIS SPACE			
COCONUT	REEK FL 33073	COCONUT CREEK FL 3307	3			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
•						01/03/1995			
		1 - 14-91				4. FEI Number	-	Anz	lied For
2. Principal	Place of Business .	2a. Mailing Address						\vdash	
21		26				65-0588934			Applicable dditional
Suite, Ap	Suite, Apt. #, etc. Suite, Apt. #, etc.		يسترونه در	لدالله ۱۳۰۳ الاستوالية		5. Certificate of Status Desired		Fee Rec	
City & St	ate				6. Election Campaign Financing	\$	5.00	May Be	
23		28	├ ─┐		Trust Fund Contribution	1	Added to	Fees	
Zip	Country	Zip			8. This corporation owes the current y	ear Intangib	le		
24	25	29	30			Personal Property Tax.	<u>□</u> Y		□No
	9, Name and Address of Current				***	10. Name and Address of New Regis	tered Agen	ıt	
;				81	Name				
ĠO	DYANES, JORGE E			92	Etrock Add	ess (P.O. Box Number is Not Acceptable)	 		
	90 N.W. 74TH PLACE			82	Street Addr	ess (F.O. DOX Number is Not Acceptable)			
ŚU	IITE 105			83	N-58-1	•			
	CONUT CREEK FL 33073							T =: -	
,				84	City		FL 85	i Zip C	code
!		and 607 1609 Elorida Statut	oe the a	hove	a-named com	oration submits this statement for the purp		aina its	registered
office of agent. I	r registered agent, or both, in the State of am familiar with, and accept the obligati	f Florida. Such change was a ons of, Section 607.0505, Flo	uthorized rida Stati	by utes.	the corporation	oration submits this statement for the purp on's board of directors. I hereby accept the	appointme	nt as reg	jistered
1									
SIGNATUR	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	Agen	t signature require	d when reinstating) D	ATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE			
TITLE !	DPST	DELETE	1.1 TI	TLE		-		Change	☐ Addition
NAME !	GOYANES, JORGE E		1.2 N	AME.					
STREET ADDRES	CARA NUM TATU BLACE CHITE	105	1.3 S1	REET	ADDRESS				
CITY-ST-ZIP.	COCONUT CREEK FL		1.4 CI	TY-\$1	T-ZIP		•		
TITLE	OCCUPATION OFFICER TO	☐ DELETE	2.1 11					Change	☐ Addition
' '			2.2 N	ME]				
NAME	1				ADDRESS				
STREET ADDRES	55				1	جو جو المراجع	سائد حس		
_CITY-ST-ZIP.		DELETE	3.1 TI		T-ZIP			Change	Addition
TITLE		Finerele							_
NAME :	[3.2 N						
STREET ADDRES	ss ,				FADDRESS				
CITY-ST-ZIP.					IT-ZIP			Change	Addition
TITLE ;		☐ DELETE	4.1 Ti				⊔'	, manye	, AGG10011
NAME			4.21	IAME					
STREET ADDRES	ss		4.3 S	TREET	T ADDRESS				
CITY-ST-ZIP	·		4.4 C	TY-S	T-ZIP		·		
TITLE		☐ DELETE	5.1 Ti	TLE				Change	☐ Addition
NAME		,	5.2 N	AME		•			
STREET ADDRES	ss		5.3 S	TREET	T ADDRESS	,			
CITY-ST-ZIP.			5.4 C	TY-S	T-ZIP	•			
TITLE		☐ DELETE	6.1 Ti	TLE				Change	☐ Addition
NAME ;		_ : :-	6.2 N	AME					
1 .					T ADDRESS				
STREET ADDRE	:55			TY-S		·			
CITY-ST-ZIP	i		0.40	111-3	۱-41۲	**			

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 attachings with an address, with all other like empowered.