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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

POSCOCOLARIAS (7)

DOCUMENT # 1. Corporation Name	P95000044046	(7)
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L. Corporation) Name	•	•					
RENEG	SADE MANUFACTUR	RING, INC.						
Principal Place	Principal Place of Business Mailing Address							A DIDIO DILI 1001
7153 SOUTHERN BLVD.		7153 SOUTHERN BLV	D.					
NO. L. W PALM REA	ACH FL 33413	NO. L. W palm beach fl 3	2412					
N I NEW DEF	NOTITE GOVIG	W THEM DENOTITE S	10413		3. Date Incorporated or Qualified 06/07/1995	3a. Date	of Last R	leport
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			450-0593279	7		Not Applicable
Suite, Apt. (#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
City & State	!	City & State			6. Election Campaign Financing			
23		28	28		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zg:	Country	- Ζιρ - "T	Country		8. This corporation has liability for intangible tax under s 199.032,			
24	25 Name and Address	29 of Current Registered Agent	30		Florida Statutes Yes 10. Name and Address of New F	i ∐ No		
		- John Hogistolea Agont	81 N	vanie	IV. Italie and Address of New P	Indistalen N	gent	
WALSH.	GERALD V		82 5	Stroot Addre	ess (P.O. Box Number is Not Acceptate	-la\		
2890 UN	Niversity drive				ass (F.O. Box Number is Not Acceptate	 		
CORAL	SPRINGS FL 33065		83					
			84 (Dity		FL	85 Z	p Code
11. Pursaant t or registeri familiar wit	to the provisions of Sections red agent, or both, in the Sta th, and accept the obligation	. 607.0502 and 607.1508, Florida Statu ate of Florida. Such change was authori ns of, Section 607.0505, Florida Statute	les, the above-nan zed by the corpora s.	ned corpora ition's board	ation submits this statement for the pu d of directors. I hereby accept the app	rpose of char ointment as i	nging its r egistered	registered office d agent. I am
SIGNATURE								:
12.	Signature, fajorat reprotectina de obre; OFF1	gsteed agent and introd as on able (N ICERS AND DIRECTORS	OTE Registered Agent sig	maturo recipired	when reinstating: ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIBECTO	JRS IN 12
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N/M;	WHITE, AL		1.2 NAME	1				
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City - St - ZiP	W PALM BEACH FL		14 C(TY-ST-7	VP.				
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CHY ST ZIF			4.4 CITY-\$1-Z	į				
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NAME:			5.2 NAME					
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NAME STREET ADDRESS			62 NAME	notee				
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14. Ldo 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 concration or true receiver guitable empowares to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes from an adaptment with an address.

SIGNATURE:

1-26-96 407-634-632