

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

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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortherm
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000016910
1. Corporation Name
THE RENAISSANCE CENTER GROUP CORP.

Principal Place of Business
**801 BRICKELL AVENUE
MIAMI, FLORIDA 33131**

Mailing Address
**1386 LANDS END RD
PT. MANALAPAN FL 33462-4767**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 2-22-1996		3a. Date of Last Report	
21		26		4. FEI Number 65-0643856		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip		29. Zip		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PASQUALE, CHARLES 1386 LANDS END RD PT. MANALAPAN FL 33462				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 office 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 typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE Director	<input type="checkbox"/> DELETE	** TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PASQUALE, CHARLES		12 NAME PASQUALE, CHARLES	
STREET ADDRESS 1386 LANDS END RD		13 STREET ADDRESS 1386 LANDS END RD	
CITY-ST-ZIP PT. MANALAPAN FL 33462		14 CITY-ST-ZIP PT. MANALAPAN FL 33462	
TITLE	<input type="checkbox"/> DELETE	21 TITLE ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME PASQUALE, JOANNE	
STREET ADDRESS		23 STREET ADDRESS 1386 LANDS END RD	
CITY-ST-ZIP		24 CITY-ST-ZIP PT. MANALAPAN FL 33462	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME 700002173987	
STREET ADDRESS		43 STREET ADDRESS -05/09/97--01135--010	
CITY-ST-ZIP		44 CITY-ST-ZIP ***165.00	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME 000002173980	
STREET ADDRESS		63 STREET ADDRESS -05/09/97--01135--009	
CITY-ST-ZIP		64 CITY-ST-ZIP ***8.75	

14. I do hereby certify that the information supplied with this filing does not comply with the exemption statute in Section 119.07(3)(f) 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 the report as required by Chapter 607 Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an amendment with an address.

SIGNATURE: _____
Charles J Pasquale Pres.
4-22-97 561-533-5400