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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600030091 (8)

RON ONA, INC. Principal Place of Business Mailing Address 8059 S.W. 18TH STREET 6059 S.W. 18TH STREET HOLLYWOOD FL 33023-2901 HOLLYWOOD FL 33023-2901 3. Date Incorporated or Qualified 3a. Date of Last Report 04/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0671929 Not Applicable 21 26 Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Ζip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ONA, RON 6059 S.W. 18TH STREET 62 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33023-2901 83 84 City Zio 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Styricine, typed or printed name of registerup agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)Change Addition DELETE THLE 1.1 TITLE ONA RON NAME 12 NAME 6059 S.W. 18TH STREET s. W. 18th Street 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33023-2901 C(TY-S1-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAMI STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 3 1 TITLE Addition TITLE 3.2 NAME NAMI 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST-ZIP CHY-S1-Ziff DELETE Change Addition 4.1 TITLE THILE NAM 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City-ST-ZIP CHY-ST-ZIP Addition DELETE Change THE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CPY-\$1-701 DELETE Addition Change 61 TITLE THEF NAM 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP

14. I do 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 eath; 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:

DITY - ST - ZIP

KON ONA TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Apr 11 1997 8:00am

Secretary of State