SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

/ PRŐFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000048741 (8)

RENDA CORPORATION

Principal Place of Business

5161 STRATEMEYER OR

Mailing Address

5161 STRATEMEYER OR

FILED 97 SEP -4 AM 11: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA



| ORLANDO FL | 32839 | ORLANDO FL 32839 | | | | |
|--|--|---------------------------------------|-------------------------|--|---|-----------------------------------|
| | | | | | DO NO1 WRITE | IN THIS SPACE |
| | | | | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 2 Principal P | lace of Business | De Mailing Address | | | 06/07/1996 4 FEI Number | ļ |
| 21 940 | 01 West Colonia DI | 2a. Mailing Address 26 9401 West | Colon | ical De | e 59 3387427 | Applied For |
| Suite Ant | # 100 | Suite Apt. #, etc. | - 7/ 05- | | 7 0100011001 | Not Applicable \$8.75 Additional |
| 22 #Z | 140 , , , | 27 #240 City & State | · · · | 6 | 5. Certificate of Status Desired | Fee Required |
| 23 <i>OC</i> | oee, Fl | 28 OCOCE | FI | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 7in アイフ / | Country | Zip | Country | CXP. | 8. This corporation owes or has pa | |
| 24 29.70 | 9. Name and Address of Current | 29 347 6 / 3 | | <u> </u> | Personal Property Tax due June 10, Name and Address of New Re | |
| FR | L CORP. | nogratored Agent | 81 | Name | 10, Name and Address of New Re | gisterec Agent |
| 200 LAURA ST | | | | | | |
| THE GREENLEAF BLDG., 3RD FLOOR | | | | ddress (P.O. Box Number is Not Acceptable) | | |
| | CKSONVILLE FL 32202-3527 | 11 | 83 | | | |
| | | | | | | |
| | | | 84 | City | | FL 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 | | | | | | |
| | Stgnaturn, typict or profed name of registered agent | | logistered Age | nt signature requ | uired when reinstating) | DATE |
| 12. | OFFICERS AND | DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICE | ERS AND DIRECTORS IN 12 |
| TITLE | MATYO-CEPERO, JUDITH A | ran out ou | 1.1 THUE | | matyo-cepero Ju | dithe Change Addition |
| NAME Street address | 3830 OLD DENTON RD., APT. | 1 | 1.2 NAME | | 5440-5 E. michi | 802 St |
| CITY-ST-ZIP | CARROLLTON TX 75007 | • | 1.3 STREET | AUDRESS | matyo-cepero Ju 5440-5 E. Michi Orlando Pl 32 | P12 |
| TITLE | Oranio Elion Vivio Dor | DELLTE | 1.4 CHY-ST 2.1 TITLE | - ZIP | | Change Addition (|
| NAME | | - With | 2.2 NAME | | 6000022 | |
| STREET ADDRESS | | | 2.3 STREET | ADDRESS | ~09/04/9 | 3701098015 |
| CITY-ST-ZIP | | | 2. 4 CITY - S | | <u>來來來來</u> 165 | 6.00 ****165.00 |
| TITLE | | DELETE | 3.1 TITLE | | | Change Addition |
| NAME | | İ | 3.2 NAME | | | - |
| STREET ADDRESS | | | 3.3 STREET A | ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CHY-S | 1 - ZIP | | ļ |
| TITLE | | DELETE | 4.1 TITLE | | | Change Addition |
| NAME | | | 4 2 NAME | ; | | |
| STREET ADDRESS | | | 4 3 STREET / | ADDRESS | | |
| CITY-ST-ZIP | | · · · · · · · · · · · · · · · · · · · | 4.4 CITY-ST | - ZIP | | |
| THLE | | ☐ DE£ETE | 51 THTLE | | | Change Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 \$1REET A | | ~d. | |
| City-St-ZiP | | The second | 5.4 CITY - ST | - ZIP | | |
| TITLE | | DOTE IE | 6.1 TITLE | | 文 <i>括</i> 1 | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | (A) | |
| STREET ADDRESS | | | 6.3 STREET A | · · · · · · · · · · · · · · · · · · · | (. /X | |
| CITY-ST-ZIP | | | 6.4 CITY-ST | - ZIP | <u> </u> | İ |

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 changes or on an attachment with an address.

Refax The Back

522 Fast Colonial Drive

2622 Fast Colonial Drive Suite 400-6 Orlando, Florida 32803

Phone 897-3399 Fax 897-4488

August 26, 1997

Att: Gina

Per our conversation of August 7th 1997, where I explained to you that the information mailed to RenDa Corp. were sent to the incorrect address, please find my payment of \$165.00.

Thank you again for your assistance with this matter.

Sincerely,

Jude Cepero