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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 👍

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000050613 (4)

RONNIE'S ENTERPRISES INC.

Principal Place of Business Mailing Address						-	il 80101 0100 0 010)		
8626 CORAL SPRINGS DRIVE CORAL SPRINGS FL 33065		3626 CORAL SPRINGS DRIVE CORAL SPRINGS FL 33065-7409								
	N.					3. Date Incorporated or Qualified 06/13/1996	3a. Date	of Last Re	eport	
2. Principal Place of Business	2a	2a, Mailing Address			*	4. FEI Number		Ap	plied For	
21	26					59-3417462			t Applicable	
Suite, Apt. #, etc.		Surte, Apt. #, etc.				5. Certificate of Status Desired		\$ 8.75 A Fee Re		
City & State	27	City & State				6 5(4) 50				
23	28	Ony o Grand				6. Election Campaign Financing Trust Fund Contribution	П	\$5.00 Added to		
	Country	Zip	Coun	try		8. This corporation has liability for	intangible ta:			
24 25	25 29 30			Florida Statutes Yes No						
g, Name and	Address of Current Region	stered Agent				10. Name and Address of New Re	agistered Age	ant		
ARBELI, AHARON				Name						
3626 CORAL SPRIN			1	32 Street	t Addre	ss (P.O. Box Number is Not Accepta	ble)			
CORAL SPRINGS F	L 33065									
			1	33						
		ī	34 City				85 Zip (Code		
<u> </u>	7.0	0.7					FL			
office or registered agent of	or both, in the State of Flori	ida. Such change was :	authorized	by the co	ea corpo orporatio	ration submits this statement for the m's board of directors. I hereby acce	purpose of ch of the appoin	ianging its ilment as	s registered registered	
agent. I am familiar with, ar	nd accept the obligations of	√, Section 607.ŏ505, Fl	orida Statu	tes.		·			•	
SIGNATURE X	Mules ted name of registered agent and title		E. Charistana	form to grad		J when reinstating)	DATE			
12.	OFFICERS AND DIRE		13.	Agentsgrai	ure required	ADDITIONS/CHANGES TO OFF		IRECTOR	S IN 12	
TITLE	OTTIOCHO 7 NO DITE	DELFTE	1.1 TiTL	 E	Pr	esident.		Change	Addition	
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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 it 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 attachment with an address.

× Mayra O. O.

3/10/07

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FILED

May 15 1997 8:00am

Secretary of State