## 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 # P96000071218 (7)

RENANIA INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

## **FILED** May 16 1997 8:00am Secretary of State



201 ALHAMBRA CIRCLE. SUITE 711 CORAL GABLES FL 33134			201 ALHAMBRA CIRCLE, SUITE 711 CORAL GABLES FL 33134-5108							
						3. Date incorporated or Qualified 08/27/1996	3a. Dat	e of Last F	Report	
2. Principal Pi	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	^^	Aı	oplied For	
21		26	26			65-06896	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	9	City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country 25	7 (p	Country 30			R. This corporation has liability for intangible tax under s. 199 032,     Florida Statutes      X Yes     No				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
DAD	PORT, STEPHEN R			81	Name					
201 ALHAMBRA CIRCLE, SUITE 711				82	Street Ad	reet Address (P.O. Box Number is Not Acceptable)				
COR	VAL GABLES FL 33134		:	83						
				84	City		FL	<b>85</b> Zip	Code	
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob-	ate of Florida. Such change was	authorize	d by	the corpor	rporation submits this statement for the p ration's board of directors. I hereby accep	urpose of	changing i	ts registered registered	
SIGNATURE	Signature, typed or printed name of registered	Accept and tille if somewhate (NC)	IF Bodis ere	d Ago	ol signature rec	juired when reinstating)	DATE			
12.		AND DIRECTORS	13.	- Ingo	- K Olg Kriste For	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12	
TITLE	PD	DELETE				700 MONO/OFFANOLO TO OFFICE	LITO AIND	Change	Addition	
NAME	HERGETT, PAUL			1/2 NAME						
STREET ADDRESS	201 ALHAMBRA CIRCLE, SU	HTE 711			ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL 33134									
TITLE	DELETE			1.4 CITY - ST - ZIP 2 1 TITLE				Change	Addition	
NAME				2.2 NAME			'		, racitori	
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP TITLE	DELETE			2, 4 CITY - ST - ZIP 3,1 TITLE				Change	Addition	
NAME							'	Onlings	C Magnion	
STREET ADDRESS			3,2 N		1DDDccc					
•			1		ADDRESS					
CITY-ST-ZIP TITLE		DELETE	3 4. L 4.1 Ti	011Y - 9	51 - ZIF'			Change	Addition	
NAME		LJ Delete	4.21					or range	Addition	
STREET ADDRESS			i i		ADDOCCO					
•					ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.4 C	ITY-S	1-24'			Change	Addition	
		C) DECEIE			İ		'	Unange	L.J. AQUIIIOH	
NAME			5.2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		DELETE		ITY-S	1 - Z(P			Change	Addition	
TITLE		ן טנונונ	6.1 1				l	Change	Addition	
NAME			6.2 N							
STREET ADDRESS			6.3 S	TREET	ADDRESS					
CITY-ST-ZIP		F 1 30 0 2 0 0 1 1 1 1		ITY-S		od in Cootion 110 07(2)(i) Elevide Statute	16			

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 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 11 if chapter or on an attachment with an address.

29 197 (305) 361-2600