(9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am DOCUMENT # P96000082778 **Secretary of State** 1. Entity Name . 02-05-2002 90189 019 ***150.00 RENANN INVESTMENT COMPANY Principal Place of Business Mailing Address 12275 SW 43RD ST 12275 SW 43RD ST MIAMI FL 33175 MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0701633 Not Applicable Zip? Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SILVARREY, JOSE Street Address (P.O. Box Number is Not Acceptable) 12275 SW 43RD ST **MIAMI FL 33175** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax; filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE ☐ Delete ☐ Addition SILVARREY, JOSE NAME NAME STREET ADDRESS 12275 SW 43RD ST STREET ADDRESS **MIAMI FL 33175** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition **VP** ☐ Delete TITLE HAYDEE SILVARRET NAME STREET ADDRESS 12275 SW 43 ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Miami Fl Delete ☐ Addition TITLE TITLE ☐ Change LOPEZ, ANNETTE NAME NAME STREET ADDRESS 126255 W 48 ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered