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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000010144

RONIX ENTERPRISES, INC.

Principal Place of Business

Mailing Address

3101 NORTHSTATE ROASD 7 LAUDERDALE LAKES FL 33313 3101 NORTHSTATE ROASD 7 LAUDERDALE LAKES FL 3331

## FILED Jan 22, 1999 8:00am Secretary of State

01-22-1999 90003 042 \*\*\*150.00



CAUDENDALE L	ARES FL 33313 .	DAUDERDA	LAUDENDALE LAKES PL 33313			DO NOT WRITE IN THIS S	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed				
						01/28/1997				
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number	Ap	plied For		
21		26	,			65-0731258	No	t Applicable		
Suite, Apt.	# etc		Apt. #, etc.			<u> </u>		Additional		
<b>—</b>	m, 000.	27	фи и, <b>с</b> ч.			5. Certifcate of Status Desired	· Fee Re			
City & State	^	City &	State			6. Flasting Compaign Figureins	\$E 00	<u> </u>		
<b>—</b>	<del>0</del>	<b>⊢</b> ′	Oldic			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added			
23	0	28     Zip		Countr				01663		
Zip	Country	<del></del>	Г	— · · · ·	y	8. This corporation owes the current year Intar	es	□No		
24	25	29		30		t discrial t reporty tax:		<u> </u>		
	9. Name and Address of Curr			81	l Nan	10. Name and Address of New Registered A	gent			
h4145	DOOL DODGOT 5 500	Carl Mark 1 and	14.2	0	Nan	ie .				
	DOCH, ROBERT E ESQ			82	Stre	et Address (P.O. Box Number is Not Acceptable)				
	EAST BROWARD BLVD.									
SYUTE 400				83	3			研羅器		
FTL	AUDERDALE FL 33301					(1) (1) (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	n Garana Ioeleze	新聞   新聞   新聞   1 日本		
				84	City	FI	85 Zip	Code		
11 Direuant	to the provisions of Sections 607 0	502 and 607 1508	Florida Statute	s the abov	) /8-nam	ed corporation submits this statement for the purpose of cl	nanging its	registered		
office or n	egistered agent, or both, in the Stat	e of Florida. Such	change was au	ithorized by	/ the co	rporation's board of directors. I hereby accept the appoint	ment as re	gistered		
agent. I a	m familiar with; and accept the oblig	gations of, Section	607.0505, Flori	ida Statute:	S.			•		
SIGNATURE						· · · · · · · · · · · · · · · · · · ·		<u> </u>		
	Signature, typed or printed name of registered as				ent signatu	re required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DC IN 12		
12	OFFICERS A	AND DIRECTORS		13.			Change	Addition		
TITLE	Darrie de la companya		☐ DELETE	1.1 TITLE		the state of the s	∐ Change	☐ Addition		
NAME	MIZRAHI, HARUN R	•		1.2 NAME						
STREET ADDRESS	1717 BAYSHORE DR. APT. 1	541		1.3 STREE	T ADDRE	SS	٠,			
CITY-ST-ZIP	MIAMI FL 33132			1.4 CITY-5	ST-ZIP					
TITLE			DELETE	2.1 TITLE			☐ Change	☐ Addition		
NAME.				2.2 NAME			•			
	<i>'</i>			2.3 STREE	T ANDDE	99				
STREET ADDRESS						33	•			
CITY-ST-ZIP	* * * * * * * * * * * * * * * * * * * *	The production of the contract	DELETE	2.4 CITY-	SI-ZIP		Change	Addition		
TITLE 574 11	MITTER BOSTON TO A CO		Detere	3.1 TITLE			Onlange			
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CITY-ST-ZIP	FRE With Library Const.			3.4. CITY-	ST-ZIP	<u> </u>		<b>第5月代時</b>		
mue ' f i	Medical Residence		DELETE	*4.1 TITLE	<del></del>		Change :	Addition		
NAME				4. 2 NAME		·				
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CITY-ST-ZIP	me to the second	£		4.4 CITY-1						
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CITY-ST-ZIP	BUMBER, MARGINE OF STATE OF	The season had	440	5.4 CITY-	ST-ZIP	3734				
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NAME	TOTAL SHOP OF VOIS	443		6.2 NAME						
STREET ADDRESS:	BBS等色 第13			6.3 STREE	T ADDRE	ss	•			
CITY OF THE				6.4 CITY-1	OT TID					

14. 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 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATUPE PSIGNATURE
RE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

1/7/98

(954)731 2055 Dayume Phone #

;R2E034 (11/98)