

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

FILED

May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000047074 (4)**
1. Corporation Name
RONDONIS, INC.



Principal Place of Business 4905 NW 7TH AVE. MIAMI FL 33127	Mailing Address 4905 NW 7TH AVE. MIAMI FL 33127
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 846 NW 3 Ave Suite, Apt. #, etc.		2a. Mailing Address 26 846 NW 3 Ave Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/28/1997	
22 City & State		27 City & State		4. FEI Number <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
23 Zip 33131 Country USA		28 Zip 33131 Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 33131 25 USA		29 33131 30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				81 Name Adonis L. Carey	
				82 Street Address (P.O. Box Number is Not Acceptable) 846 NW 3 Ave	
				83	
				84 City Miami FL 33131 Zip Code 33131	

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 **Adonis L. Carey** DATE **4/27/98**
Signature typed or printed name of registered agent. (If registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	1.2 NAME			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, ADONIS		1.3 STREET ADDRESS	846 NW 3 Ave			
STREET ADDRESS	4905 NW 7TH AVE.		1.4 CITY - ST - ZIP	Miami, Fla.			
CITY - ST - ZIP	MIAMI FL 33127		2.1 TITLE	33131			
TITLE		<input type="checkbox"/> DELETE	2.2 NAME				
NAME			2.3 STREET ADDRESS				
STREET ADDRESS			2.4 CITY - ST - ZIP				
CITY - ST - ZIP			3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	3.2 NAME				
NAME			3.3 STREET ADDRESS				
STREET ADDRESS			3.4 CITY - ST - ZIP				
CITY - ST - ZIP			4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	4.2 NAME				
NAME			4.3 STREET ADDRESS				
STREET ADDRESS			4.4 CITY - ST - ZIP				
CITY - ST - ZIP			5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5.2 NAME				
NAME			5.3 STREET ADDRESS				
STREET ADDRESS			5.4 CITY - ST - ZIP				
CITY - ST - ZIP			6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.2 NAME				
NAME			6.3 STREET ADDRESS				
STREET ADDRESS			6.4 CITY - ST - ZIP				
CITY - ST - ZIP							

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.

SIGNATURE: **Adonis L. Carey** DATE **4/27/98**

CR2E034 (10/97)