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

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90136 050 ***150.00

DOCUMENT # 1. Corporation Name	P98000048434
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RANGOS HOLDINGS, INC.

Principal	Place of Business
450 EAGE	LAC OLAC BOLLEVA

FORT LAUDERDALE FL 33301

50 east las olas boulevard SUITE 950

Mailing Address

450 EAST LAS OLAS BOULEVARD SUITE 950

FORT LAUDERDALE FL 33301



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

05/27/1998 2. Principal Place of Business Applied For 2a. Mailing Address 4. FEI Number 515 E. LASOLAS BUD 515 E.LASCRAS BLVA 65-084141 Not Applicable \$8.75 Additional Suite, Apt. #, etc. #1100 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 1100 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees FORT Trust Fund Contribution FORTLANDER DAG 23 8. This corporation owes the current year Intangible 3330/ لىكى 1*331* (Personal Property Tax. USA 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name RICHARDSON, GEX F ESQ. Street Address (P.O. Box Number is Not Acceptable) 450 EAST LAS OLAS BOULEVARD SUITE 950 83 FORT LAUDERDALE FL 33301 Zip Code 84 City 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. PRESIDENT Change DELETE 1.1 TITLE TITLE ALEXANDER 12 NAME NAME BLUD, #1100 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP □ Change Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 41 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

ng does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information eport is true and accurate and that my signature shalf have the same legal effect as if made under oath; that I am an stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address, with all other like empowered. 14. I hereby certify that the information supplied with this filing do indicated on this annual report or supplemental annual report officer or director of the corporation or the received or trus Block 12 or Block 13 if changed, or on an attachment

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)