

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000051597

1. Corporation Name
RENIRO CORP.

Principal Place of Business
5207 SOUTH ATLANTIC AVENUE, #924
NEW SMYRNA BEACH FL 32169-4555

Mailing Address
5207 SOUTH ATLANTIC AVENUE, #924
NEW SMYRNA BEACH FL 32169-4555



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1998

4. FEI Number

59-3525063

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **1049 MASON AVE**

Suite, Apt. #, etc.

2a. Mailing Address

25

Suite, Apt. #, etc.

23 City & State

JAYTONA BEACH FL

24 Zip Country

32117 U.S.A.

27 City & State

28

Zip Country

29 30

9. Name and Address of Current Registered Agent

BIELEFELD, RENATE
5207 SOUTH ATLANTIC AVENUE, #924
NEW SMYRNA BEACH FL 32169-4555

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ DELETE
NAME **RENATE BIELEFELD**
STREET ADDRESS **5207 SOUTH ATLANTIC AVE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **VICE PRESIDENT** ☐ DELETE
NAME **ROLF J BIELEFELD**
STREET ADDRESS **41380 ANTHONY DRIVE**
CITY-ST-ZIP **CLINTON TWP MI 48038**

TITLE **SECRETARY** ☐ DELETE
NAME **RENATE BIELEFELD**
STREET ADDRESS **5207 SOUTH ATLANTIC AVE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **TREASURER** ☐ DELETE
NAME **RENATE BIELEFELD**
STREET ADDRESS **5207 SOUTH ATLANTIC AVE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **DIRECTOR** ☐ DELETE
NAME **ROLF N. BIELEFELD**
STREET ADDRESS **41380 ANTHONY DR**
CITY-ST-ZIP **CLINTON TWP MI 48038**

TITLE **DIRECTOR** ☐ DELETE
NAME **RAPHAELA B. BIELEFELD**
STREET ADDRESS **41380 ANTHONY DRIVE**
CITY-ST-ZIP **CLINTON TWP MI 48038**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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, with all other like empowered.

SIGNATURE:

RENATE BIELEFELD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT

1-28-99 (904) 323 0544

Date

Daytime Phone #

CR2E034 (11/98)