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09 JULY 17 17 21 29

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000103436

NOUVEAU RENAISSANCE CORPORATION

Principal Place of Business Mailing Address			a immitten tite beimt immit marit natur billt millt billt follt		
6467 TAFT STREET HOLLYWOOD FL 33024	6467 TAFT STREET HOLLYWOOD FL 3303	24			
İ			DO NOT WRITE IN TH	IIS SPACE	
			3. Date Incorporated or Qualifed		
2. Principal Place of Business	Te. 14:00-644		11/17/1998		
21	2a. Mailing Address	5	4. F£I Number	Applied For	
Suite. Apt. #, etc.	26 Suite, Apt. #, et	·····	· - · · · · · · · · · · · · · · · · · ·	Not Applicable	
22	F = -3	C .	5. Certifcate of Status Desired	\$8.75 Additional	
City & State	[27] City & State		.	Fee Required	
23	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
	untry Zip	Country			
24 25	29	30]	This corporation owes the current year Personal Property Tax.	Intang≀ble ☐ Yes ☐ No	
	ddress of Current Registered Agent		10. Name and Address of New Registere		
		81 Name			
CRUISE, KIMBERLY					
6467 TAFT STREET		82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 3302	4	B3			
1		84 City	·	85 Zip Code	
11 Pursuant to the provisions of	Sections 607 0502 and 607 1508 Florida	Statutes the above paried cor	regarding pulposite this statement for the purpose	L	
office or registered agent, or b	of in the State of Forida Such change	was authorized by the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	or changing its registered	
73	accept the obligations of, Section 607.050	, 10			
SIGNATURE Signature, typed or priviled	name of registered agent and title if applicable	(NOTE: Registered Agent signature require	ed when reinstating) DATE	U-99	
12.	OFFICERS AND DIRECTORS	T 13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE DIP	[] DELE		A STATE OF THE STA	[Change [Addition	
NAME CRUISE, KIMBER	LY	1.2 NAME	200002768		
STREET ADDRESS 6467 TAFT STRE		1.3 STREET ADDRESS	700002760 -02/05/99	-01100026	
CITY-ST-ZIP HOLLYWOOD FL	- ·	1.4 CITY-ST-ZIP	****150.00		
TITLE D	[IV DELE		***************************************	Change [) Add tion	
NAME SIANO, GUY		2.2 NAME		C2 4 mange E 1 mag man	
STREET ADDRESS 6467 TAFF STREET TO COLOR		23 STREET ADDRESS			
CITY-ST-ZIP HOLLYWOOD FL 33024		2 4 CITY-ST-ZIP			
TITLE 0/5	[] DELE			Change Addition	
NAME CHIAROMONTE,		3 2 NAME		Li ovanigo Li j vicanion	
STREET ADRESS 91 FINCH AVENU		33 STREET ADDRESS			
CITY-ST-ZP NORTH YORK ON		•		,	
		34 City-St-ZiP		[] Change [Add-tion	
NAME Zym	ackson of Dele	4 2 NAVE	6467 Taly steet	Fill custings Fill Wagrigut	
STREET ADDRESS 6467 7	aft Street	4.3 STREET ADDRESS	6467 Taly Street	İ	
CITY-ST-ZIP HOIVW	od, FL 3302 (A.3 STREET ADDRESS	Harywood, FL 33029	· /	
TITLE	TIDELE		7772		
NAME	בן סבנב	52 NAME		Change Addition	
STREET ADDRESS		5.3 STREET ADDRESS			
STREET ADDRESS		5.3 STREET ADDRESS		\sim	

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 dicated 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. Information

6.2 NAME

5 4 CITY-ST-ZIP 61 TITLE

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

C/TY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Addition