

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S38525 (9)**

1. Corporation Name
RANACOL, INC.



Principal Place of Business: **C/O MAURICIO GLUCK, 1630 WEST 38TH PLACE, HIALEAH FL 33012**
Mailing Address: **C/O MAURICIO GLUCK, 1630 WEST 38TH PLACE, HIALEAH FL 33012**

2. Principal Place of Business: **21 1657 West 39th Place, Hialeah, Florida, 33012-7014**
2a. Mailing Address: **26 1657 West 39th Place, Hialeah, Florida, 33012-7014**

3. Date Incorporated or Qualified: **03/14/1991**
3a. Date of Last Report: **04/04/1995**
4. FEI Number: **65-0255732**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **GLUCK, MAURICIO, 1630 WEST 38TH PLACE, HIALEAH FL 33012**
10. Name and Address of New Registered Agent: **GLUCK, MAURICIO, 1630 WEST 38TH PLACE, HIALEAH FL 33012**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMOHL, GEZA	1.2 NAME	
STREET ADDRESS	1630 WEST 38TH PLACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL	1.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAURICIO, GLUCK	2.2 NAME	
STREET ADDRESS	1630 W 38TH PL	2.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Mauricio Gluck Secretary* DATE: **4/24/96**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Mauricio Gluck Secretary** DISTRICT PHONE # **305 362 2452**

CR2E034 (12/95)