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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DO(

(9)

FILED Jan 24 1997 8:00am Secretary of State

CUMENT # { poration Name	338525
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RANACOL, INC.

		:							
Principal Place	o zif Rue nines	Mailing Address				-		ARI DIBII DIBII	
Principal Place of Bosiness 1657 W 39TH PLACE		1657 WEST 39TH PLACE							
1880 WEST-997		CASSO WEST SOTH PLACE	_						
HALEAH FL 33012-7014		HIALEAH FL 33012-7026	HIALEAH FL 33012-7026						
US		US	US			3. Date Incorporated or Qualified 03/14/1991	3a. Date of Last Report 05/01/1996		
2. Principal Pl	norpal Place of Business 2a. Mailing Address					4. FEI Number		Ap	oplied For
21	26					65-0255732			ot Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
		27						Fee Re	
City & State	,	City & State				6. Election Campaign Financing	_	\$5.00	
23		28	Cou	ntru		Trust Fund Contribution		Added I	
Zip	Country	Ζιρ	30	шу		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
24	9. Name and Address of Curren	<u></u>	[30]			10. Name and Address of New Re			
GII	CK, MAURICIO	Triogiotore rigori		81	Name				
	WEST 38TH PLACE								
	EAH FL 33012		82 Street Addre			ess (P.O. Box Number is Not Accepta	ble)		
111/4	ENTITE GOVIE		ŀ	83		***	-		
			1					11 -	
				84	City		FL	85 Zip (Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607 1508, Florida Statut-	es, the at	oove	e-named corp	oration submits this statement for the	purpose of	changing if	ts registered
l office or u	egistered agent, or both, in the State m familiar with, and accept the obliga	ol Florida. Such change was a	authorized	d by	the corporate	ion's board of directors. I hereby acce	pt the app	ointment as	registered
-	m familia with, and accept the ourge	mons or, accretion dov.coop, the	oncia Olai	GIOG					ĺ
SIGNATURE	Signature: typical or project name of egystered age	or and this if applicable (NOT	E. Registered	d Age	nt signature requir	ed when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	DP	☐ DELETE	1.1 111	TLE				Change	Addition
NAME	BAUMOHL, GEZA		1.2 NA	ME					
STREET ADDRESS	1630 WEST 38TH PLACE		1381	REET	address				
CHTY-ST-74	HIALEAH FL		14.0	TY-S	T-ZIP				
11111	8	L DELETE	2 1 TI	TLE				Change	Addition
NAME	MAURICIO, GLUCK		22 NAME						
STREEL ADDRESS	1630 W 38TH PL		2.3 STREET ADDRESS		ADDRESS				
CITY+S1+ZIP	HIALEAH FL				ST-ZIP			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
THLE		☐ DELETE	3.1 TI					Change	☐ Addition
NAM:			3.2 N/	AME					
STREET ADDRESS			3.3 \$1	IREET	ADDRESS				
CITY ST 7IP		T be Fre			ST-ZIP			Change	Addition
THLE		☐ DELETE	4.1 Ti		Ì			Change	☐ Vagarion
NAME			4 2 N						Į
STREET AUDRESS					ADDRESS				j
City - St - ZiP		Drietr	_		31-ZIP			Change	Addition
TITLE		DELETE	5.1 TI					omige	- ridulityil
NAME			5.2 N						
STREET ADDRESS			1		ADDRESS				
CHTY - ST - ZOF		DELETE	_		ST-ZIP			Change	Addition
THE		- Dittit	61 TI					- University	
NAME			62 N		. ADDOESS				
STREET ADDRESS					T ADDRESS				
0117 - S1 - ZIP	he could that the information surrole	ed with this libra does not qual			ST-ZIP emption states	d in Section 119.07(3)(i), Florida Statu	les, i furthe	r certify tha	it the

I no nately, come may need the immension suppress with this many copes not quality for the exemption stated in section 119.07(3)(i), from a statutes. From the certify make the same legal effect as if made under oath; that I am an officer or director of the corporation of 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. I changed, or on a trachment with an address.