

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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S79938** (4)

1. Corporation Name
RANA, INC.

Principal Place of Business
**20803 BISCAYNE BLVD.
STE. 200
AVENTURA FL 33180
US**

Mailing Address
**20803 BISCAYNE BOULEVARD
SUITE 200
AVENTURA FL 33180-1429
US**



2. Principal Place of Business 21 4236 Chase Av. Suite, Apt. #, etc.		2a. Mailing Address 26 4236 Chase Av. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/13/1991		3a. Date of Last Report 05/01/1996	
22		27		4. FEI Number 65-0286571		Applied For Not Applicable	
23 Miami Beach, FL City & State		28 Miami Beach, FL. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 33140 Zip		29 33140 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25 U.S.A Country		30 U.S.A Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent BROWN, GARY L 20803 BISCAYNE BLVD STE 200 AVENTURA FL 33180				10. Name and Address of New Registered Agent 81 Name Ambers, Ritchie 82 Street Address (P.O. Box Number is Not Acceptable) 4236 Chase Av. 83 84 City Miami Beach FL 85 Zip Code 33140			
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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 *Ritchie Ambers* DATE **4/22/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DV	<input type="checkbox"/> DELETE		1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AMBERS, RITCHIE			1.2 NAME			
STREET ADDRESS	4328 CHASE AVE			1.3 STREET ADDRESS			
CITY- ST- ZIP	MIAMI BEACH FL			1.4 CITY- ST- ZIP			
TITLE	DPST	<input type="checkbox"/> DELETE		2.1 TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AMBERS, EMMA			2.2 NAME			
STREET ADDRESS	4328 CHASE AVE			2.3 STREET ADDRESS			
CITY- ST- ZIP	MIAMI BEACH 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 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.

SIGNATURE: *Ritchie Ambers* / *Ritchie Ambers* DATE **4/22/97** (305) 538-9897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)