

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V52919**

(0)

1. Corporation Name

RENI PROPERTIES, INC.



Principal Place of Business

**6150 BIRD ROAD
#A4
MIAMI FL 33155**

Mailing Address

**6150 BIRD ROAD
#A4
MIAMI FL 33155**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/24/1992

3a. Date of Last Report

03/28/1995

4. FEI Number

65-0350897

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**FAZE, IRENE E.
6150 BIRD ROAD, #A-4
MIAMI FL 33155**

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 607.0602 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 607.0602, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

14. I do hereby certify that the information supplied with this form 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 contained 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. I am an officer or director of the corporation and am duly authorized or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed, or an alternate with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96

305-666-1711

CR2E034 (12/95)