

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V56416** (3)

1. Corporation Name:
RENAN SERVICE CORP.



Principal Place of Business: **106 SW 8TH ST MIAMI FL 33130**
Mailing Address: **106 SW 8TH ST MIAMI FL 33130**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **08/03/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0351137**
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:
**FUENTES, RENAN R
2340 S W 8ST APT 02
APT 101
MIAMI FL 33135**

10. Name and Address of New Registered Agent:
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 607.04(2) and 607.15(8), 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, Sections 607.04(5), Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/09/96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FUENTES, RENAN R	
STREET ADDRESS	2340 SW 8ST APT 02	
CITY- ST- ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	FUENTES, SARAH	
STREET ADDRESS	2340 S W 8ST APT 02	
CITY- ST- ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FUENTES, RENAN	
STREET ADDRESS	1010 SW 9ST APT 4D	
CITY- ST- ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	FOLGAR, JORGE	
STREET ADDRESS	375 W 17TH ST	
CITY- ST- ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY- ST- ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY- ST- ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY- ST- ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY- ST- ZIP	

14. I do hereby certify that the information supplied to me in this report is true, correct, complete and does not violate any of the exceptions stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and by 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 by court order to report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if I am an officer or director with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/09/96 305 856 1765

CR2E034 (12/95)