
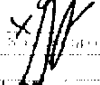



FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 33130-3510	
2. Principal Place of Business		2a. Mailing Address	
21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FUENTES, RENAN R 2340 S W 8ST APT 02 APT 101 MIAMI FL 33135		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 607.0502 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: 3/11/97			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUENTES, RENAN R	1.2 NAME	
STREET ADDRESS	2340 SW 8ST APT 02	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DS	2.2 NAME	
STREET ADDRESS	FUENTES, SARAH	2.3 STREET ADDRESS	
CITY - ST - ZIP	2340 S W 8ST APT 02	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DV	3.2 NAME	
STREET ADDRESS	FUENTES, RENAN	3.3 STREET ADDRESS	
CITY - ST - ZIP	1010 SW 9ST APT 4D	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DT	4.2 NAME	
STREET ADDRESS	FOLGAR, JORGE	4.3 STREET ADDRESS	
CITY - ST - ZIP	375 W 17TH ST	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DT	5.2 NAME	
STREET ADDRESS	FOLGAR, JORGE	5.3 STREET ADDRESS	
CITY - ST - ZIP	375 W 17TH ST	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DT	6.2 NAME	
STREET ADDRESS	FOLGAR, JORGE	6.3 STREET ADDRESS	
CITY - ST - ZIP	375 W 17TH ST	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 or on an attachment with an address.			
SIGNATURE:  DATE: (305) - 856-1765			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)