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**Jan 22 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 # 513138 (8)

1. Corporation Name:
FRISCA INVESTMENTS CORP.



Principal Place of Business: **218 SEAVIEW DR. KEY BISCAIYNE FL 33149**
Mailing Address: **218 SEAVIEW DR. KEY BISCAIYNE FL 33149-2504**

3. Date Incorporated or Qualified: **08/23/1976**
3a. Date of Last Report: **07/15/1996**

2. Principal Place of Business (21) Suite, Apt #, etc (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt #, etc (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-1710533** 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

9. Name and Address of Current Registered Agent:
**FIGUEROA, LUIS A.
1600 SW 99TH AVE.
MIAMI FL 33165**

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 607.0502 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGUEROA, LUIS A.	1.2 NAME	
STREET ADDRESS	218 SEAVIEW DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	1.4 CITY-ST-ZIP	
TITLE	PDST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOSADA, JOAQUIN JR	2.2 NAME	
STREET ADDRESS	218 SEAVIEW DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	2.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOSADA, LUIS A	3.2 NAME	
STREET ADDRESS	1600 SW 99TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	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: *[Signature]* **LUIS A. FIGUEROA**
Date: **1/10/97** (303) 442 03 03
Daytime Phone #

CR2E034 (9/96)