

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **584328** (9)
1. Corporation Name
FRANHO, INC.



Principal Place of Business: **3400 ONE BISCAYNE TOWER, 2 S. BISCAYNE BLVD., MIAMI FL 33131-1809**
Mailing Address: **3400 ONE BISCAYNE TOWER, 2 S. BISCAYNE BLVD., MIAMI FL 33131-1809**

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: **08/16/1978**
3a. Date of Last Report: **04/11/1995**
4. FID Number: **65-0025816**
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

**VALDES-FAULI CORPORATE SERVICES INC
3400 ONE BISCAYNE TOWER
2 S. BISCAYNE BLVD.
MIAMI FL 33145**

81 Name
82 Street Address P.O. Box Number is Not Acceptable
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0600 and 607.1000, 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 607.0600, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES-FAULI, RAUL E.	NAME	
STREET ADDRESS	2 S BISCAYNE BLVD. #3400	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	CITY-STATE-ZIP	
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTH, FRANCISCO RODRIGU	NAME	
STREET ADDRESS	2 S BISCAYNE BLVD. #3400	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	CITY-STATE-ZIP	
TITLE	SD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTH, MARIA J. RODRIGUE	NAME	
STREET ADDRESS	2 S BISCAYNE BLVD. #3400	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	CITY-STATE-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this statement is true and does not apply for the corporation in Florida. I further certify that the information included on this form is correct or supplies the missing information as required by law. I am an officer or director of the corporation or the registered agent of the corporation. I have read the provisions of Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 12 of this form or in a separate block.

SIGNATURE: *Francisco Rodriguez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Francisco Rodriguez

3/5/96 (305) 376-6000

CR2E034 (12/95)