

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

9. Name and Address of Current 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

Signature of Registered Agent

Signature of Secretary or Treasurer

Date

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	AS	VALDES-FAULI, RAUL E.	2 S BISCAYNE BLVD. #3400	MIAMI FL															
	PD	PORTH, FRANCISCO RODRIGU	2 S BISCAYNE BLVD. #3400	MIAMI FL															
	SD	PORTH, MARIA J. RODRIGUE	2 S BISCAYNE BLVD. #3400	MIAMI FL															

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	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 material changes to the basic information 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 business or person or persons named hereon. That I am a resident of the State of Florida as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 12 of the report of the corporation.

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

3/5/96 (305) 376-6000
DATE OF FILING

CR2E034 (12/95)