

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 609776
1. Corporation Name
FRANYIE ENGINEERS, INC.

Principal Place of Business	Mailing Address
10610 NW 27 Street Miami, FL 33172	10610 NW 27 Street Miami FL 33172

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 2/04/1979	3a. Date of Last Report 2/13/1996
21	Suite, Apt. #, etc. N/A	26	Suite, Apt. #, etc. N/A	4. FEI Number 59-1911701	Applied For ☐ Not Applicable ☒
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	6. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ROZA, FRANCISCO A. 10610 N.W. 27TH STREET MIAMI, FL 33172				Name VIVIANA FRANYIE CIURA	
				Street Address (P.O. Box Number is Not Acceptable) 10610 NW 27 STREET	
				City MIAMI	
				FL 85 Zip Code 33172	
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 this corporation's board of directors. I hereby accept the appointment as registered officer familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE		Signature, typed or printed name of registrant, full and true if applicable			
[Signature]		(Secretary) VIVIANA FRANYIE CIURA			
12.		OFFICERS AND DIRECTORS			
		DATE 5/10/96			

SIGNATURE

10

12.

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME _____

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME _____

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME _____

STREET ADDRESS

CITY-STATE-ZIP

FILE

NAME _____

INDEXED

STREET ADDRESS

FILE

NAME _____

DIRECT ALUMINUM

STREET ADDRESS

4. I do hereby

certify that

oath; that I
appears in [

appears in the

SIGNATI

SIGNATURE

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone _____

CR2E034 (12/95)