

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 609776 (0)

1. Corporation Name
FRANYIE ENGINEERS INC.

Principal Place of Business 10610 N.W. 27 STREET MIAMI FL 33172	Mailing Address 10610 N.W. 27 STREET MIAMI FL 33172
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/06/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	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	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

VIVIANA FRANYIE CIURA
10610 N.W. 27 STREET
MIAMI FL 33172

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	FRANYIE, ANTONIO	1.2 NAME	
STREET ADDRESS	10610 N.W. 27 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	
TITLE	VDT	2.1 TITLE	
NAME	FRANYIE, LETICIA M	2.2 NAME	
STREET ADDRESS	10610 N.W. 27 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	2.4 CITY-ST-ZIP	
TITLE	VDS	3.1 TITLE	
NAME	CIURA, VIVIANA F.	3.2 NAME	
STREET ADDRESS	10610 N.W. 27 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	3.4 CITY-ST-ZIP	
TITLE	V/S	4.1 TITLE	
NAME	FRANYIE, ANTONIO A.	4.2 NAME	
STREET ADDRESS	10610 N.W. 27 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	AGUSTIN DE GOYTISOLO	5.2 NAME	
STREET ADDRESS	10610 N.W. 27 STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

Leticia Franyie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/98 (305) 592-1360

Date

Daytime Phone

0238401

CR2E034 (10/97)