

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G47975 (9)
1. Corporation Name
FRAGA INCORPORATED



Principal Place of Business: **2655 LEJEUNE RD #802 CORAL GABLES FL 33134**
Mailing Address: **2655 LEJEUNE RD #802 CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **06/30/1983**
3a. Date of Last Report: **02/03/1995**
4. FEI Number: **59-2320455**
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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MIR, HECTOR J.
2655 LE JEUNE ROAD - SUITE 1107
CORAL GABLES FL 33134**

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 607.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent, if different, if applicable. (NOTE: Registered Agent signature required when terminating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	DPT GARCIA, DAVID R. 2655 LEJUNE RD. - SUITE 802 CORAL GABLES FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DVPS GARCIA, JUAN A. 2655 LEJEUNE RD. - SUITE 802 CORAL GABLES FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *David R. Garcia* **David R. Garcia** 3/1/96 (305) 442-9270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (12/95)