

REINSTATEMENT

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA6000038228**

1. Entity Name
FRANCO OF MIAMI, INC.

FILED
01 JAN -2 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

10155 Collins Ave. 328 Minorca Ave.
Unit 1102 2nd Floor
Bal Harbour Fl. 33154 Coral Gables, Fl. 33134

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

REINSTATEMENT - 00

4. FEI Number Applicable Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required **SP**

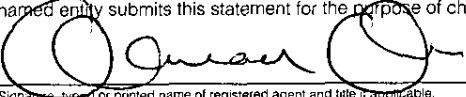
6. Name and Address of Current Registered Agent

Frank J. Segredo
3191 Coral Way
Suite 510
Miami, Florida 33145

7. Name and Address of New Registered Agent

Name: Michael Ortiz, Esq.
Street Address (P.O. Box Number is Not Acceptable): 328 Minorca Avenue 2nd Floor
City: Miami State: FL Zip Code: 33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:  Michael Ortiz DATE: 12/20/00

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

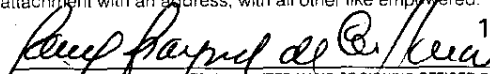
11. OFFICERS AND DIRECTORS

TITLE	PD -	<input type="checkbox"/> Delete
NAME	Fanny Coiffman	
STREET ADDRESS	10155 Collins Ave. Unit 1102	
CITY-ST-ZIP	Bal Harbour Fl. 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500003534005--3	
CITY-ST-ZIP	01/12/01 01006 001	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	***1200.00 ***1200.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE:  12/22/00 Fanny Coiffman Director + President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: (305) Da 476 5270

CR2E034 (5/00)