

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91182 032 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000038228

1. Entity Name
FRANCO OF MIAMI, INC.



Principal Place of Business
 10155 COLLINS AVE., UNIT 1102
 BAL HARBOUR, FL 33154

Mailing Address
 2600 DOUGLAS ROAD
 PH 6
 CORAL GABLES, FL 33134

20031107



2. Principal Place of Business

3. Mailing Address

2121 Ponce de Leon Blvd

CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.
 330

City & State

City & State
 Coral Gables, FL

4. FEI Number
 65-1064094

Applied For
 Not Applicable

Zip

Country

Zip
 33134

Country
 USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORTIZ, MICHAEL ESQ
 2600 DOUGLAS ROAD, PH 6
 MIAMI, FL 33134

Name
 Michael Ortiz
 Street Address (P.O. Box Number Is Not Acceptable)
 2121 Ponce de Leon Blvd.
 Ste. 330
 City
 Coral Gables 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Handwritten Signature]

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

(NOTE: Registered Agent's signature required when resigning)

DATE

4/17/03

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 COIFFMAN, FANNY
 10155 COLLINS AVE. UNIT NO. 1102
 BAL HARBOUR, FL 33154 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP Delete

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 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)