

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 513138

**Entity Name:** FRISCA INVESTMENTS CORP.

**Current Principal Place of Business:**

999 PONCE DE LEON BLVD.  
SUITE 1110  
CORAL GABLES, FL 33134

**Current Mailing Address:**

PO BOX 14-0970  
CORAL GABLES, FL 33114 US

**FEI Number:** 59-1710533

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

PRATS FERNANDEZ & CO PA  
999 PONCE DE LEON BLVD.  
SUITE 1110  
CORAL GABLES, FL 33134 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name LOSADA ANGEL, CAROLINA  
Address 420 SOUTH MASHTA DR.  
City-State-Zip: KEY BISCAYNE FL 33149

Title D  
Name LOSADA ANGEL, GLORIA L  
Address 420 SOUTH MASHTA DR.  
City-State-Zip: KEY BISCAYNE FL 33149

Title S  
Name LOSADA TORRES, ALBERTO  
Address 420 SOUTH MASHTA DR.  
City-State-Zip: KEY BISCAYNE FL 33149

Title D  
Name ANGEL DE LOSADA, GLORIA  
Address 420 SOUTH MASHTA DR.  
City-State-Zip: KEY BISCAYNE FL 33149

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANGEL DE LOSADA , GLORIA

D

06/30/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date