

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 # 338967 (3)
1. Corporation Name
ALFRED FREISTAT CASE CO., INC.



Principal Place of Business: **14900 N.W. 24 COURT OPA LOCKA FL 33054**
Mailing Address: **14900 N.W. 24 COURT OPA LOCKA FL 33054**

3. Date Incorporated or Qualified: **12/13/1968**
3a. Date of Last Report: **06/12/1995**
4. FEI Number: **59-1226993**
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 []
2a. Mailing Address: 26 []
Suite, Apt. #, etc.: 22 [] Suite, Apt. #, etc.: 27 []
City & State: 23 [] City & State: 28 []
Zip: 24 [] Country: 25 [] Zip: 29 [] Country: 30 []

9. Name and Address of Current Registered Agent
**FREISTAT, ALFRED
430 S SHORE DR
N MIAMI BCH FL 33168**

10. Name and Address of New Registered Agent
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: [Signature] (NOTE: Registered Agent's signature requires E-Verify registration) DATE: []

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	[] Change [] Addition
NAME	FREISTAT, ALFRED	1.2 NAME	
STREET ADDRESS	480 SOUTH SHORE DRIVE	1.3 STREET ADDRESS	530 So. Shore Drive
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	Miami Beach, Fl. 33141
TITLE	VD	2.1 TITLE	[] Change [] Addition
NAME	FREISTAT, RONALD	2.2 NAME	
STREET ADDRESS	2021 N.E. 211 ST.	2.3 STREET ADDRESS	No. Miami Beach, Fl. 33179
CITY-ST-ZIP	NO. MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	[]	3.1 TITLE	[] Change [] Addition
NAME	[]	3.2 NAME	
STREET ADDRESS	[]	3.3 STREET ADDRESS	
CITY-ST-ZIP	[]	3.4 CITY-ST-ZIP	
TITLE	[]	4.1 TITLE	[] Change [] Addition
NAME	[]	4.2 NAME	
STREET ADDRESS	[]	4.3 STREET ADDRESS	
CITY-ST-ZIP	[]	4.4 CITY-ST-ZIP	
TITLE	[]	5.1 TITLE	[] Change [] Addition
NAME	[]	5.2 NAME	
STREET ADDRESS	[]	5.3 STREET ADDRESS	
CITY-ST-ZIP	[]	5.4 CITY-ST-ZIP	
TITLE	[]	6.1 TITLE	[] Change [] Addition
NAME	[]	6.2 NAME	
STREET ADDRESS	[]	6.3 STREET ADDRESS	
CITY-ST-ZIP	[]	6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	[] Change [] Addition
1.2 NAME	
1.3 STREET ADDRESS	530 So. Shore Drive
1.4 CITY-ST-ZIP	Miami Beach, Fl. 33141
2.1 TITLE	[] Change [] Addition
2.2 NAME	
2.3 STREET ADDRESS	No. Miami Beach, Fl. 33179
2.4 CITY-ST-ZIP	
3.1 TITLE	[] Change [] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	[] Change [] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	[] Change [] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	[] Change [] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

Date: **3/21/96**
305-688-2577
Date: [] Day: [] Phone: []

CR2E034 (12/95)