FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:24

DOCUMENT # **563020** **(7)**

1. Corporation Name
FNT CORPORATION

Principal Place of Business	Mailing Address
SUITE 201, 1835 WEST FLAGLER STREET MIAMI FL 33135	SUITE 201, 1835 WEST FLAGLER STREET MIAMI FL 33135

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/13/1978
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); Country (30)

4. FEI Number: 59-1842312 ☐ 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

9. Name and Address of Current Registered Agent

FENTE, MANUEL F
SUITE 201, 1835 WEST FLAGLER STREET
33135

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	1.1 TITLE	☐ Change ☐ Addition
NAME	FENTE, ARMANDO, JR	1.2 NAME	
STREET ADDRESS	40-05 94 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ELMHURST, L I, NY 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	FENTE, JOSE B	2.2 NAME	
STREET ADDRESS	1657 W 64TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FLORIDA 00000	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	FENTE, ARMANDO	3.2 NAME	
STREET ADDRESS	40-04 94TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	ELMHURST, L I, NY 00000	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	FENTE, MANUEL F	4.2 NAME	
STREET ADDRESS	1835 W. FLAGLER STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	FENTE, MANUEL J	5.2 NAME	
STREET ADDRESS	2285 SW 22ND TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	FENTE, JOSE R	6.2 NAME	
STREET ADDRESS	1720 W. 64TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FLORIDA 00000	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)(i), 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: _____ 1-12-95 305-541-1800
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0142668 CR