

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **563020** (7)  
1. Corporation Name  
**FNT CORPORATION**



Principal Place of Business: **1110 Brickell Avenue 7th Floor Miami, Florida 33131**  
Mailing Address: **1110 Brickell Avenue 7th Floor, Miami, FL 33131**

3. Date Incorporated or Qualified: **03/13/1978**  
3a. Date of Last Report: **01/26/1995**  
4. FET 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

2. Principal Place of Business: **1110 Brickell Avenue Seventh Floor Miami, Florida 33131**  
2a. Mailing Address: **1110 Brickell Avenue Seventh Floor Miami, Florida 33131**  
21. Suite, Apt. #, etc.: **Seventh Floor**  
26. Suite, Apt. #, etc.: **Seventh Floor**  
22. City & State: **Miami, Florida**  
27. City & State: **Miami, Florida**  
23. Zip: **33131** Country: **USA**  
28. Zip: **33131** Country: **USA**  
24. Zip: **33131** Country: **USA**  
25. Country: **USA**  
29. Zip: **33131** Country: **USA**  
30. Country: **USA**

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: **Manuel Fente, Esq.**  
82 Street Address (P.O. Box Number is Not Acceptable): **1110 Brickell Avenue**  
83 **Seventh Floor**  
84 City: **Miami** FL 85 Zip Code: **33131**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: \_\_\_\_\_  
NOTE: For a full April signature, please use the signature block.

12. OFFICERS AND DIRECTORS

11.1 TITLE	VS	<input type="checkbox"/> DELETE
11.2 NAME	FENTE, ARMANDO, JR	
11.3 STREET ADDRESS	40-05 94 ST	
11.4 CITY - ST - ZIP	ELMHURST, L I, NY 00000	
11.5 TITLE	VD	<input type="checkbox"/> DELETE
11.6 NAME	FENTE, JOSE B	
11.7 STREET ADDRESS	1657 W 64TH ST	
11.8 CITY - ST - ZIP	HIALEAH, FLORIDA 00000	
11.9 TITLE	VD	<input type="checkbox"/> DELETE
11.10 NAME	FENTE, ARMANDO	
11.11 STREET ADDRESS	40-04 94TH ST	
11.12 CITY - ST - ZIP	ELMHURST, L I, NY 00000	
11.13 TITLE	PD	<input type="checkbox"/> DELETE
11.14 NAME	FENTE, MANUEL F	
11.15 STREET ADDRESS	1835 W. FLAGLER STREET	
11.16 CITY - ST - ZIP	MIAMI, FL 00000	
11.17 TITLE	TD	<input type="checkbox"/> DELETE
11.18 NAME	FENTE, MANUEL J	
11.19 STREET ADDRESS	2285 SW 22ND TERR	
11.20 CITY - ST - ZIP	MIAMI, FL 00000	
11.21 TITLE	SD	<input type="checkbox"/> DELETE
11.22 NAME	FENTE, JOSE R	
11.23 STREET ADDRESS	1728 W. 64TH STREET	
11.24 CITY - ST - ZIP	HIALEAH, FLORIDA 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY - ST - ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY - ST - ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY - ST - ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 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, 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 attached sheet, an address.

SIGNATURE:  **2-6-96** **305-372-1350**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Date/Time/Phone #)

CR2E034 (12/95)