

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 08 1997 8:00am
Secretary of State**



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

PROFIT CORPORATION
ANNUAL REPORT
1997

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



Principal Place of Business 1110 BRICKELL AVENUE SEVENTH FLOOR MIAMI FL 33131 US		Mailing Address 1110 BRICKELL AVENUE SEVENTH FLOOR MIAMI FL 33131-3132 US		3. Date Incorporated or Qualified 03/13/1978	3a. Date of Last Report 02/14/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1842312	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FENTE, MANUEL F 1110 BRICKELL AVENUE SEVENTH FLOOR MIAMI FL 33131		81. Name	10. Name and Address of New Registered Agent	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENTE, JOSE B		2.2 NAME		
STREET ADDRESS	1857 W 84TH ST		2.3 STREET ADDRESS		
CITY- ST- ZIP	HIALEAH, FLORIDA 00000		2.4 CITY- ST- ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENTE, MANUEL F		4.2 NAME	JOSE R. FENTE	
STREET ADDRESS	1835 W. FLAGLER STREET		4.3 STREET ADDRESS	1728 W 64 ST.	
CITY- ST- ZIP	MIAMI, FL 00000		4.4 CITY- ST- ZIP	HIALEAH, FL. 33012	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENTE, MANUEL J		5.2 NAME	JOSUAH A. FENTE	
STREET ADDRESS	2285 SW 22ND TERR		5.3 STREET ADDRESS	1728 W 64 ST.	
CITY- ST- ZIP	MIAMI, FL 00000		5.4 CITY- ST- ZIP	HIALEAH, FL. 33012	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENTE, JOSE R		6.2 NAME	NATALIE A. FENTE	
STREET ADDRESS	1728 W. 64TH STREET		6.3 STREET ADDRESS	1728 W 64 ST.	
CITY- ST- ZIP	HIALEAH, FLORIDA 00000		6.4 CITY- ST- ZIP	HIALEAH, FL. 33012	

14. I do 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 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: *Jose R Fente* **JOSE R. FENTE** 4/30/97 305 558-5210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0171836

CR2E034 (9/96)