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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 624772

(0)

FRIAVILLA, INC.

FILED
Apr 29 1997 8:00am
Secretary of State



Principal Place of Business		Mailing Add	ress					
9531 W FLAGLER ST MIAMI FL 33174			9531 W FLAGLER ST MIAMI FL 33174-2012					
						3. Date Incorporated or Qualified 07/16/1979	3a. Date of 04/17/1	
2. Principal Place	of Business	2a. Mailing A	Address			4. FEI Number		Applied For
1		26	26			59-2074448 Not Applicable		
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	3.75 Additional
2		27				Commode of Oldros Dosied		Fee Required
City & State		City & St	ate			6. Election Campaign Financing		5.00 May Be
3		28				Trust Fund Contribution		oded to Fees
Zip	Country	Zip		Country	<i>!</i>	8. This corporation has liability for		
	25), Name and Address of Cu	29	30	J		Florida Statutes 10. Name and Address of New R	Yes No	
		itetit vefilereten whe)	81	Name	IV. Name and Address of New H	egisteren Agen	.,
	TERESITA W 40 ST				T TOTAL			
	W 12 ST.		82 Street A		Street Add	ddress (P.O. Box Number is Not Acceptable)		
MIAMI I	FL 33174			83				
				03				
				84	City		— 85	Zip Code
······································						poration submits this statement for the tition's board of directors. I hereby according	FL [®]	<u> </u>
12.		AND DIRECTORS		13.		ired when reinstating) ADDITIONS/CHANGES TO OFFI		
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	Rias, teresita			1.2 NAME				
	411 SW 12 ST.			1.3 STREET	ADDRESS			
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STREET ADDRESS			1	4.3 STREET	ADDRESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	T 627 697	4.4 CITY - S	S1 - Z(P		——————————————————————————————————————	,
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VAME				6.2 NAME				
STREET ADDRESS				6.3 STREE1				
CITY-ST-ZIP				6.4 C(1Y - S	S1 - Z(P			

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 Statules. I further certify that the information indicated on this annual report or supplemental armual report is true and accurate and that my signature shall have the same logal 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.