

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Suzana P. Mathon  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **651835** (1)

1. Corporation Name:  
**FIRC MANAGEMENT, INC.**



Principal Place of Business: **2299 DOUGLAS ROAD, 4TH FL MIAMI FL 33145**  
Mailing Address: **2299 DOUGLAS ROAD, 4TH FL MIAMI FL 33145**

2. Principal Place of Business		2a. Mailing Address	
21	Street, Apt. #, etc.	26	Street, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>12/05/1979</b>	<b>05/01/1995</b>
4. FID Number	Applied for
<b>59-1953591</b>	Not Applicable
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**FRAGA, ANTONIO O  
2299 DOUGLAS RD.  
MIAMI FL 33141**

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 607.06(2) and 607.15(4), Florida Statutes, the above named corporation signs this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Said change was authorized by the corporation's board of directors. Thereafter, I, the undersigned, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.06(2), Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>FRAGA, ANTONIO O</b>	
STREET ADDRESS	<b>2299 SW 37TH AVE. 4TH FL</b>	
CITY-STATE-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME	
16. STREET ADDRESS	
17. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. TITLE	
19. NAME	
20. STREET ADDRESS	
21. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. TITLE	
23. NAME	
24. STREET ADDRESS	
25. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. TITLE	
27. NAME	
28. STREET ADDRESS	
29. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information provided with this filing is voluntarily furnished and disclosed openly for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included on this annual report or its supplement 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 in block 14 if not with an address.

SIGNATURE: DATE: **4/16/96** (305) 443-2508

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E084 (12/95)