

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90029 027 ***150.00



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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 676872

1. Corporation Name

FRANKA INVESTMENTS CORPORATION

| | |
|--|--|
| Principal Place of Business 9821 SW 147 ST MIAMI FL 33176 US | Mailing Address 9821 SW 147 ST MIAMI FL 33176 US |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | |
|--|--|---|--|--|
| 2. Principal Place of Business 21 9510 SW - 146 ST | | 2a. Mailing Address 26 9510 SW - 146 ST | | 3. Date Incorporated or Qualified 07/25/1980 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 59-2067108 |
| City & State 22 MIAMI FL | | City & State 27 MIAMI FL | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 23 33176 | | Zip 28 33176 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| Country 25 US | | Country 29 US | | 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | | | |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent DEL CASTILLO, FRANCISCO 9821 SW 147 STREET MIAMI FL 33176 | | 10. Name and Address of New Registered Agent 81 Name DEL CASTILLO FRANCISCO 82 Street Address (P.O. Box Number is Not Acceptable) 9510 SW - 146 ST 83 84 City MIAMI FL 85 Zip Code 33176 | |
|---|--|--|--|

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 F. Delcastillo (Francisco Del Castillo) PRESIDENT 4/24/99
Signature, typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|--|
| TITLE SD | <input type="checkbox"/> DELETE | 1.1 TITLE SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME DEL CASTILLO, MERCEDES | | 1.2 NAME DEL CASTILLO mercedes | |
| STREET ADDRESS 9821 SW 147 ST | | 1.3 STREET ADDRESS 9510 SW - 146 ST | |
| CITY-STATE-ZIP MIAMI, FL 00000 | | 1.4 CITY-STATE-ZIP MIAMI, FL 33176 | |
| TITLE PD | <input type="checkbox"/> DELETE | 2.1 TITLE PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME DEL CASTILLO, FRANCISCO | | 2.2 NAME DEL CASTILLO FRANCISCO | |
| STREET ADDRESS 9821 SW 147 ST | | 2.3 STREET ADDRESS 9510 SW - 146 ST | |
| CITY-STATE-ZIP MIAMI FL | | 2.4 CITY-STATE-ZIP MIAMI FL 33176 | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 3.4 CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 4.4 CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 5.4 CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 6.4 CITY-STATE-ZIP | |

14. I 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, with all other like empowered.

SIGNATURE: F. Delcastillo (Francisco Del Castillo) 4/24/99 305-2512154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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