FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F57477** **(4)**

1. Corporation Name

FRALURA INC.

Principal Place of Business

801 MONTERREY ST
SUITE 205-B
CORAL GABLES FL 33134
US

Mailing Address

P. O. BOX 144133
CORAL GABLES FL 33114-4133
US

2. Principal Place of Business

21 SUITE #305

Suite, Apt. #, etc.

22 250 CATALONIA AVE.

City & State

23 Coral Gables Fla

Zip 24 33134 Country 25 USA

2a. Mailing Address

26

Suite, Apt. #, etc. 27

City & State 28

Zip 29 Country 30

3. Date Incorporated or Qualified: 12/04/1981

3a. Date of Last Report: 08/10/1995

4. FEI Number: 59-2435227 ☐ 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

9. **Name and Address of Current Registered Agent**

DURAN, ALFREDO G.
SUITE 1100,GRAND BAY PLAZA
2665 S BAYSHORE DRIVE
MIAMI FL 33133

10. **Name and Address of New Registered Agent**

81 Name

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 ________ (Signature of Registered Agent) ________ DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	DORTA, RAMON	
STREET ADDRESS	801 MONTERREY ST SUITE 205-B	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DP	☐ DELETE
NAME	DORTA, FRANCISCO	
STREET ADDRESS	801 MONTERREY ST SUITE 205-B	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	PTD	☐ DELETE
NAME	DORTA, LUIS	
STREET ADDRESS	801 MONTERREY ST S 205-B	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	SD	☐ DELETE
NAME	DORTA, EDUARDO	
STREET ADDRESS	801 MONTERREY ST S 205-B	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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: DORTA, RAMON 2/20/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (12/95)