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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # F99261



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Apr 21, 1999 8:00 am Secretary of State Katherine Harris Secretary of State

04-21-1999 90175 030 ***150.00

FRANELI	LA ENTERPRISES, INC.									
Principal Place of Business Mailing Address						1			JOH OLDH OLDH OL	
650 NE 126TH STREET 650 NE 126TH STREET N. MIAMI FL 33161 N. MIAMI FL 33161							DO NOT WR	TE IN THIS	SPACE	
						3.	Date Incorporated or Qualifed 09/10/1982			
2. Principal Pi	ace of Business	2a. Mailing Address				4.	FEI Number 59-2688843		<u> </u>	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	7			5.	Certificate of Status Desired		\$8.75 Ac	
City & State City & State			_	-	- د .	6.	Election Campaign Financing Trust Fund Contribution		\$5.00 N Added to	1
Zip	Country	Zip 30	Count	гу		8.	This corporation owes the cur Personal Property Tax.	rent year Int		□No
	- T			10.	Name and Address of New	Registered '	Agent			
BARON, RICHARD ESQ 11077 BISCAYNE BLVD, SUITE #307 MIAMI FL 33161				82 Street Address (P.O. Box Number is Not Acceptable) 83						
				4 City				FL	85 Zip C	
office or t	to the provisions of Sections 607.0502. egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth	norized t	y the co	ed corpo rporation	ratior n's bo	n submits this statement for the pard of directors. I hereby acce	pt the appoi	changing its r ntment as reg	registered ristered
SIGNATURE		0.000						DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.					ile tedritec		ADDITIONS/CHANGES TO OF		D DIRECTOR	RS IN 12
12.			1.1 TITU	:				<u> </u>	Change	Addition
NAME	ADLER, FRANK J.		1.2 NAM	ME.						
STREET ADDRESS				1.3 STREET ADDRESS			•			
CITY+ST-ZIP				1.4 CITY-ST-ZIP						□ a 2.000
TITLE	VD XDELETE		2.1 TITL	2.1 TITLE			·		Change	☐ Addition
NAME	ADLER, BELLA		2.2 NAME							
STREET ADDRESS	***************************************			3 STREET ADDRESS						
CITY-ST-ZIP				-ST-ZIP) <u>2541</u> - 2611.7			
TITLE		☐ DELETE	3.1 TITL				•		Change	Addition
NAME			3.2 NAM	E						
STREET ADDRESS			3.3 STRI	ET ADDRE	ss					

DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

DELETE

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 ennual 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 trusted 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 estachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Addition

☐ Change