

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

DOCUMENT # **J74888** (5)

1. Corporation Name  
**FRADECO, INC.**

55 APR 28 PM 6:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business  
**% JUDITH H. ROSENBAUM  
1167 THIRD STREET SOUTH  
NAPLES FL 33940**

Mailing Address  
**4000 ISLAND DRIVE  
1167 THIRD STREET SOUTH  
NORTH MIAMI BCH. FL 33160  
US**

3. Date Incorporated or Qualified  
**05/28/1987**

3a. Date of Last Report  
**04/15/1994**

2. Principal Place of Business  
21  
2a. Mailing Address  
26

4. FEI Number  
**59-2826407**

Applied For  
 Not Applicable

Suite, Apt. #, etc.  
22  
27

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State  
23  
28

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country  
24 25  
29 30

7. This corporation has liability for intangible tax under S. 109.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERLIT CORPORATE SERVICES INC.  
1428 BRICKELL AVE.  
SUITE 202  
MIAMI FL 33131**

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 607.0502 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>
NAME	<b>ZALTA, CELIA</b>
STREET ADDRESS	<b>4000 ISLAND DR. Blvd.</b>
CITY - ST - ZIP	<b>N. MIAMI BCH. FL</b>
TITLE	<b>SD</b>
NAME	<b>PEREZ, NICOLE</b>
STREET ADDRESS	<b>4000 ISLAND DR.</b>
CITY - ST - ZIP	<b>N. MIAMI BCH. FL</b>
TITLE	<b>TD</b>
NAME	<b>PEREZ, ELIAS</b>
STREET ADDRESS	<b>4000 ISLAND DRIVE</b>
CITY - ST - ZIP	<b>N. MIAMI BCH. FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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: Celia ZALTA 4/25/95 305 864 8030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (System Form #)