

FILE NOW: FILING FEE AFTER MAY 1 IS ~~\$550.00~~ \$61.25 AMENDED

APPROVED
AND
FILED

1997 OCT -6 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K-32039

1. Corporation Name

FRIDAY INVESTMENTS COMPANY

Principal Place of Business both: Mailing Address

c/o Arazoza, Comas, et al.
101 Madeira Avenue
Coral Gables, FL 33134

3. Date Incorporated or Qualified 8/30/1988 3a. Date of Last Report 1/30/1997

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 98-0051972 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
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COMAS, GASTON J.
101 Madeira Avenue
Coral Gables, FL 33134

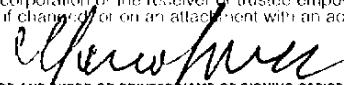
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	P/D
NAME	Lovera, Marco	12 NAME	GRANIER, MARCEL
STREET ADDRESS	c/o 101 Madeira Avenue	13 STREET ADDRESS	101 Madeira Avenue
CITY-ST-ZIP	Coral Gables, FL 33134	14 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	S	21 TITLE	S/D
NAME	COMAS, GASTON J.	22 NAME	LOVERA, MARCO
STREET ADDRESS	101 Madeira Avenue	23 STREET ADDRESS	101 Madeira Avenue
CITY-ST-ZIP	Coral Gables, FL 33134	24 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE		31 TITLE	T/A, V.P.
NAME		32 NAME	PAEZ, ANTONIO
STREET ADDRESS		33 STREET ADDRESS	c/o 101 Madeira Avenue, Coral Gables, FL 33134
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: 

9/18/97

4046001

CR2E034 (9/96)