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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT [illegible] STATE
Sandra B. Martha
Secretary of Stat[illegible]
DIVISION OF CORPOR[illegible]IONS

DOCUMENT # **K41362** **(0)**

1. Corporation Name

FOLCO, INC.

Principal Place of Business	Mailing Address
C/O ORANGE JULIUS 9419 WEST ATLANTIC BLVD. CORAL SPRINGS FL 33071-6945	C/O ORANGE JULIUS 9419 WEST ATLANTIC BLVD. CORAL SPRINGS FL 33071-6945

3. Date Incorporated or Qualified: **10/26/1988**
3a. Date of Last Report: **04/03/1995**

2. Principal Place of Business	2a. Mailing Address
21 9740 NW 14 ST	26 9740 NW 14 ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 CORAL SPRINGS FL.	28 CORAL SPRINGS FL.
24 Zip 33071 / 25 Country USA	29 Zip 33071 / 30 Country USA

4. FEI Number: **65-0081164** ☐ 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	10. Name and Address of New Registered Agent
MCCLAIN, GARY 3310 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442	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 _____ (Typed or printed name of registered agent and title if applicable) (Both Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SASLAFSKY, GUSTAVO		1.2 NAME		
STREET ADDRESS	2542 FLAMINGO LAKE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROZEN, BERNARDO		2.2 NAME		
STREET ADDRESS	2542 FLAMINGO LAKE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FOLADORI, HORACIO		3.2 NAME		
STREET ADDRESS	2542 FLAMINGO LAKE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Horacio Foladori JAN 28/96 (305) 753-2363

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

CR2E034 (12/95)