

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER JULY 31, 1995.**  
 AMOUNT DUE ON OR BEFORE 7/28/93: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$400)

**APPROVED AND FILED**

**95 MAY -1 PM 9: 38**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

**CORPORATION ANNUAL REPORT**  
 1995

**FLORIDA DEPARTMENT OF STATE**  
 Secretary of State  
 DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: **DOCUMENT # K 57 018 (9)**  
 FRAXEDA ZUBELDIA INC  
 12041 S.W. 31 ST  
 MIAMI FL 33175

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

**FILING FEE \$225.00** Annual Report \$61.25 + \$138.75 Corporation Supplemental Fee + \$25.00 Late Fee  
**MAKE CHECK PAYABLE TO DEPARTMENT OF STATE**

3. Date incorporated or Qualified: 01/02/1989  
 3a. Date of Last Report: 05/01/94

4. FEI Number: 65-0092329  
 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$138.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Mailing Address

21. 2800 SW 39 ST.  
 Suite, Apt. #, etc.

22. MIAMI FL  
 City & State

23. 33133 25. Dade 29. 30.  
 Zip Country Zip Country

9. Name and Address of Current Registered Agent

VALDES CLARA  
 12041 SW 31 ST  
 MIAMI FL 33175

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 or Sections 617.0502 and 617.1508, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D CLARA VALDES	11 TITLE	
12 NAME	CLARA VALDES	12 NAME	
13 STREET ADDRESS	12041 SW 31 ST.	13 STREET ADDRESS	
14 CITY - ST - ZIP	MIAMI FL 33175	14 CITY - ST - ZIP	
21 TITLE		21 TITLE	000001478740
22 NAME		22 NAME	-05/08/95--01043--023
23 STREET ADDRESS		23 STREET ADDRESS	****200.00 ****200.00
24 CITY - ST - ZIP		24 CITY - ST - ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY - ST - ZIP		34 CITY - ST - ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY - ST - ZIP		44 CITY - ST - ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY - ST - ZIP		54 CITY - ST - ZIP	T.S. 5/5/95
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

**SIGNATURE:** *Clara Valdes* CLARA VALDES 4/25/95 (305) 553-6911  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone