


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

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PROFIT CORPORATION ANNUAL REPORT 1997



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

State of Florida Div. of Corporations
P.O. Box 6327
Tallahassee, FL 32314
FILED
APR 28 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L51344 (4)
1. Corporation Name
FRAMA FORWARDING CORP.

Principal Place of Business: 1231 NW 87 WAY, PEMBROKE PINES, FL 33024.
Mailing Address: P.O. BOX 848008, PEMBROKE PINES, FL. 33084.

3. Date Incorporated or Qualified: 02/20/1990
3a. Date of Last Report: 03/07/96
4. FEI Number: 65-0177820
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s 189.032, Florida Statutes: Yes No

2. Principal Place of Business: 1231 NW 87 WAY, PEMBROKE PINES, FL.
2a. Mailing Address: P.O. BOX 848008, PEMBROKE PINES, FL.
22. City & State: PEMBROKE PINES, FL.
2b. City & State: PEMBROKE PINES, FL.
24. Zip: 33024, Country: USA
25. Zip: 33084, Country: USA

9. Name and Address of Current Registered Agent
ARANGO, GUSTAVO R.
1231 NW 87 WAY
PEMBROKE PINES, FL. 33024.

10. Name and Address of New Registered Agent
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 607.1602 and 607.1606, 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: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. POSITIONS CHANGES TO OFFICERS AND DIRECTORS	
TITLE: DPT <input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: ARANGO MARISELES	1.2 NAME:
STREET ADDRESS: 1231 NW 87 WAY	1.3 STREET ADDRESS:	CITY-ST-ZIP: P. PINES, FL. 33024.	1.4 CITY-ST-ZIP:
TITLE: VS <input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: ARANGO GUSTAVO R.	2.2 NAME:
STREET ADDRESS: 1231 NW 87 WAY	2.3 STREET ADDRESS:	CITY-ST-ZIP: P. PINES, FL. 33024.	2.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:	3.2 NAME:
STREET ADDRESS:	3.3 STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:	4.2 NAME:
STREET ADDRESS:	4.3 STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:	5.2 NAME:
STREET ADDRESS:	5.3 STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:	6.2 NAME:
STREET ADDRESS:	6.3 STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP:

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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)(c), 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: _____ DATE: 04-25-97 (954) 450-9914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR