FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FARACH BROTHERS CORPOR	(-)						
Principal Place of Business Mailing Address				- I TROCKO TOL OLLIL HARDY CLOCK BIRLY	BIAN DISH BIGH GIBN 1031		
C/O MANUEL FARACH 9037 W. ATLANTIC AVE DELRAY BEACH FL 33446 C/O MANUEL FARACH 9037 W. ATLANTIC AVE DELRAY BEACH FL 33446		1 6		DO NOT WRITE IN THIS	SPACE		
				3. Date incorporated or Qualified			
				08/11/1987			
2. Principal Place of Business	} 	2a. Mailing Address		4. FEI Number	Applied For		
21	26			59-2836506	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State	 		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 25	Zip 29	Country 30	<u> </u>	This corporation owes or has paid the cur Personal Property Tax due June 30.	rent year Intangible Yes No		
g, Name and Address of C	urrent Registered Agent			10. Name and Address of New Registered Agent			
FARACH, MANUEL 218 DATURA STREET			81 Name 82 Street Address (P.O. Box Number is Not Acceptable)				
WEST PALM BEACH FL 33401		83	83				
		84		FL	85 Zip Code		
 Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the 	State of Florida, Such change was	authorized by	the corpora	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	changing its registered ointment as registered		
SIGNATURE							
Signature, typed or portled name of registr			nt signature requ	ired when reinstaling) DATE			
2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							

	in lanillar with, and accept the obligations of, Section oc	6000, r iorid	ia chalalos.			
SIGNATURE	Stgnature, typed or printed name of rogistered agent and title if applicable	(NOTE: R	egistered Agent signature rec	uired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	S IN 12
TITLE	DPS 🗀	DELETE	1.1 TITLE		Change	Addition
NAME	FARACH, ALFREDO		1.2 NAME			
STREET ADDRESS	450 N.W. 72ND ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP			
TITLE		DELETE	2.1 TITLE		Change	Addition
NAME	FARACH, OSCAR		2.2 NAME			
STREET ADDRESS	5049 MADISON RD		2.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BCH FL		2. 4 CITY - ST - 2IP			
THTLE		DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADORESS			
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	61 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

Thereby 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

FILED

May 01 1998 8:00am

Secretary of State