FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 1:50

DOCUMENT # **M69192** **(6)**

1. Corporation Name
FRAJOCA CORP.

Principal Place of Business	Mailing Address
~~C/O LERMAN AND LERMAN P A~~ 5900 CASA DEL REY CIRCLE ORLANDO FL 32809 US	~~C/O LERMAN AND LERMAN P A~~ ~~P O BOX 561082~~ ~~MIAMI FL 33152~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1988	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0061237	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26 P. O. BOX 1650
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 WINDERMERE FL.
Zip 24 / Country 25	Zip 29 34786 / Country 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ORCHILLES JORGE L 9323 NW DORAL CIRCLE SO MIAMI FL 33178	81 Name: JORGE L. ORCHILLES 82 Street Address (P.O. Box Number Is Not Acceptable): 5900 CASA DEL REY CIRCLE 83 84 City: ORLANDO FL 85 Zip Code: 32809

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: Jorge L Orchilles JORGE L. ORCHILLES 3/21/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	ORCHILLES, FRANCISCO	1.2 NAME	
STREET ADDRESS	9323 NW DORAL CIRCLE SO	1.3 STREET ADDRESS	362 CROFTON DR.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	OCOEE FL. 34761
TITLE	SD	2.1 TITLE	☒ Change ☐ Addition
NAME	ORCHILLES JORGE L	2.2 NAME	
STREET ADDRESS	9323 NW DORAL CIRCLE SO	2.3 STREET ADDRESS	508 LAURENBURG LN.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	OCOEE FL. 34761
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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)(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 addition.

SIGNATURE: Jorge L Orchilles JORGE L. ORCHILLES 3/21/95 (407)363-0015
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #