

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

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **M69192** (6)
1. Corporation Name
FRAJOCA CORP.



Principal Place of Business
**5900 CASA DEL REY CIRCLE
ORLANDO FL 32809
US**

Mailing Address
**PO BOX 1650
WINDERMERE FL 34786-1650
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/22/1988		3a. Date of Last Report 04/18/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0061237		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			

8. Name and Address of Current Registered Agent

**ORCHILLES JORGE L
5900 CASA DEL REY CIRCLE
ORLANDO FL 32809**

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, 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

Signature: typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition	
NAME	ORCHILLES, FRANCISCO		1.2 NAME	ORCHILLES JR., FRANCISCO	
STREET ADDRESS	382 CROFTON DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCOCHEE FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	ORCHILLES JORGE L		2.2 NAME		
STREET ADDRESS	508 LAURENBURG LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCOCHEE FL		2.4 CITY-ST-ZIP		
TITLE		☐ 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 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 does not qualify for the exemption stated in Section 119.07(3)(j), 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:

Jorge L. Orchilles

4/1/97

(407)363-0015

CR2E034 (9/96)