FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO1 0000 3 73 88

FRANCESCO, INC.

FILED May 24, 2002 8:00 am Secretary of State

05-24-2002 91344 019 ***158.75

U V V I V A

DO N	OT '	WR	ITE IN	I THIS	SPACE
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2. Principal Place of Business		3. Mailing Address	<u> </u>			
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
		City & State		*4. FELMumber Applied For Not Applicable		
Zip Country		Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
1.4				7. Name and Address of Current Registered Agent		
	DO NOT IN THIS S	WRITE SPACE	Street Add RISI	TOR A.CAREAGA. GSQ. TIPES (P.O. Box Number is Not Acceptable) TELEMERO, SUITE 200 PL GABLES FL Zip Code 38/34		
Tax filing i	Signature trucks of privition name of register of praction is eligible to satisfy its Infantrequirement and elects to do so. ria on back)	gible January 1 - After Ma Amend Make Check Pay	CTOR A. O TE: Registered Agent signature May 1 Fee is \$150.0 y 1, Fee is \$550.00 led UBR is \$61.25 able to Department	required when reinstalling. 10. Election Campaign Financing Trust Fund Contribution. 11. Election Campaign Financing Trust Fund Contribution.		
11.		AND DIRECTORS	TITLE			
NAME STREET ADDRESS CITY - ST - ZIP	PTS ALDO DANOV 1627 BRICKEL MIAMI, FL	LANG. #2605	NAME: STREET ADDRESS CITY+ST-ZIP			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PRANCO DANC 1627 BRICKELL MIRMI FL	. AUG., 42605	MAME NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- -	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE		
THLE NAME STREET ADDRESS CITY-ST-ZIP			THILE NAME STREET ADDRESS CHY-ST-ZIP	IN THIS SPACE		
TITLE NAME STREET ADORESS CITY-ST-ZIP		·	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	;		TITLE , NAME . STREET ADDRESS . CITY - ST - ZIP .			

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE: ALDO DANOVARO D. SANCHEZ 5/16/02 (305) 355. 3122