FILED May 27, 2002 8:00 am & Secretary of State 05-27-2002 90492 018 ***150.00

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2002 UNIFORM BUSINESS REPORT (UBR)

P01000097898

DOCUMENT # 1. Entity Name

FRANCO INTERNATIONAL ENTERPRISES, INC.

Principal Place of Business

Mailing Address

8348 N.W. 30TH TERRACE. CASILLERO 1016 MIAMI FL 33122

8348 N.W. 30TH TERRACE, CASILLERO 1016

MIAMI FL 33122

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2. Principal Place of Business 8348 N.W. 30 Terrace / SAME AS # 2					·····	-					
Suite, Apt. #, etc. Casillero 1016		Suite, Apt. #, et	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State Miami, FL 33122		City & State	City & State			FEI Number	120	⊢	Applied For		
Zip	, 110	· -···-	Zip	7:			<u>55-1155</u>	130		Not Applicable	
Ζip	p Country		Zip	Zip Coun		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Nam	e and Address of Curr	ent Registered Agent	~~ · • ·	F	7.	Name and Adı	dress of New Re	gistered Agent	,-	
FRANCO O., MYRIAM 8348 N.W. 30TH TERRACE, CASILLERO 1016 MIAMI FL 33122					Name Same as # 6 Street Address (P.O. Box Number is Not Acceptable)						
					City		<u> </u>	= 10 · *	FL Zip Co	de	
8. The above	_named enti	ty submits this statemer	nt for the purpose of chan	ging its register	ed office c	r registered ac	gent, or both, in	the State of Flori	da.		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)											
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE After May 1, 2002 Fee Make Check Payable to D					IS \$150. will be \$!	00 550.00	10. Election	n Campaign Finar und Contribution.		00 May Be	
11.	T	OFFICERS A	ND DIRECTORS	12.		AC.	DDITIONS/CHA	NGES TO OFFIC	ERS AND DIRECTO	RS IN 11	
TITLE	PTD		☐ Dele	te TITL!	:	-			☐ Change	☐ Addition	
NAME		O., MYRIAM	1001500 4444	NAM	_]					
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP		33122			-ST-ZIP	-					
TITLE	SD		☐ Delei			SD _		_	🔀 Change	☐ Addition	
NAME expect apprece		CO, MANUEL ONOR		NAM		De Franco, M anuela					
STREET ADDRESS (/. 30TH TERRACE, C	ASILLERU 1016		ET ADORESS				, Casille	ro 1016	
	MIAMI FL	33122			-ST-ZIP	Miami,	FL 33	122	 :		
TITLE			Delet			10.5			☐ Change	Addition	
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TITLE	_	104.1-1	П								
NAME			☐ Delet	te TITLE		ĺ			☐ Change	Addition	
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NAME			0000	NAME					ondige		
STREET ADDRESS				STRE	ET ADDRESS						
CITY-ST-ZIP				CITY-	ST-ZIP						

13. I hereby 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #