

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

1052

FILED

04 DEC 27 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000061391	
1. Entity Name INTERNATIONAL FRAN CORPORATION	



Principal Place of Business 169 E FLAGLER ST STE #1534 MIAMI, FL 33131	Mailing Address 169 E FLAGLER ST STE #1534 MIAMI, FL 33131
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



6. Name and Address of Current Registered Agent  ARGUELLO, MARIANGELES 169 E FLAGLER ST STE #1534 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name <u>JOSE NIVEN BOIM</u> Street Address (P.O. Box Number is Not Acceptable) <u>169 E FLAGLER ST, STE # 1534</u> City <u>MIAMI</u> FL Zip Code <u>33131</u>	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] DATE 12-23-04

Signature, typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIBERO, FEDERICO R 169 E FLAGLER ST STE #1534 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 12-23-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Miami, November 17, 2004

Secretary of State  
Division of Corporations

Dear Sir/ Madam:

Enclosed please find a check for the amount of \$150. - (One hundred and fifty dollars) , for the payment of the 2004 annual report.-

Please, I will appreciate if you waive the penalty fee because I didn't receive any notification and it's our first year.

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Thank you for your time and cooperation.



INTERNATIONAL FRAN CORPORATION  
DOCUMENT NUMBER: P03000061391