


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

FILED

Apr 07 1997 8:00am
Secretary of State

| | | | |
|--|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P33658 (6) | | | |
| 1. Corporation Name FRANA S.A. | | | |
| Principal Place of Business 2503 S.W. 27TH AVENUE MIAMI FL 33133 | | Mailing Address 1699 CORAL WAY 315 MIAMI FL 33145-2860 US | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | | 26 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 22 | | 27 | |
| City & State | | City & State | |
| 23 | | 28 | |
| Zip | | Zip | |
| 24 | | 30 | |
| Country | | Country | |
| 9. Name and Address of Current Registered Agent | | | |
| ANTONIO E ALONSO 169 CORAL WAY SUITE 315 MIAMI FL 33145 | | | |
| 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 _____ DATE _____ <small>Signature: Type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | C <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RUBIO, CARLOS EDUARDO | 1.2 NAME | |
| STREET ADDRESS | 32-43 AVENUE CUBA | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | PANAMA CITY, PANAMA | 1.4 CITY - ST - ZIP | |
| TITLE | VCP <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RUBIO, JORGE HERNAN | 2.2 NAME | |
| STREET ADDRESS | 32-43 AVENUE CUBA | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | PANAMA CITY, PANAMA | 2.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CONTRERA, ROBERTO ROJAS | 3.2 NAME | |
| STREET ADDRESS | 32-43 AVENUE CUBA | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | PANAMA CITY, PANAMA | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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)(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 address. | | | |
| SIGNATURE: | | 3-27-97 (300) 858-7412 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ANTONIO E. ALONSO | | Date Daytime Phone # 0201891 | |



CR2E034 (9/96)