


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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P33658** (6)
1. Corporation Name
FRANA S.A.



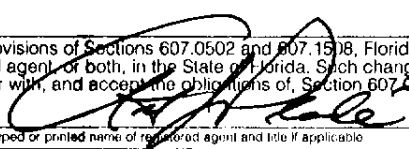
Principal Place of Business 2503 S.W. 27TH AVENUE MIAMI FL 33133	Mailing Address 1699 CORAL WAY 315 MIAMI FL 33145 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 ALBERTO J. PARLADE, ESQUIRE Suite, Apt. #, etc. 22 3850 SW 87 Avenue, #207 City & State 23 Miami, Florida Zip 24 33165		2a. Mailing Address 26 ALBERTO J. PARLADE, ESQUIRE Suite, Apt. #, etc. 27 3850 SW 87 Avenue, #207 City & State 28 Miami, Florida Zip 29 33165 Country 30 USA		3. Date Incorporated or Qualified 04/18/1991	
4. FEI Number 65-0328507		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

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 ALBERTO J. PARLADE, ESQUIRE 82 Street Address (P.O. Box Number is Not Acceptable) 3850 SW 87 Avenue, #207 83 84 City Miami FL 85 Zip Code 33165			
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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 **1/19/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	DP
NAME	RUBIO, CARLOS EDUARDO	1.2 NAME	ISABEL DIAZ-MORO
STREET ADDRESS	32-43 AVENUE CUBA	1.3 STREET ADDRESS	3850 SW 87 Avenue #207
CITY-ST-ZIP	PANAMA CITY, PANAMA	1.4 CITY-ST-ZIP	Miami, Florida 33165
TITLE	VCP	2.1 TITLE	DS
NAME	RUBIO, JORGE HERNAN	2.2 NAME	FRANCISCO DIAZ-MORO
STREET ADDRESS	32-43 AVENUE CUBA	2.3 STREET ADDRESS	3850 SW 87 Avenue, #207
CITY-ST-ZIP	PANAMA CITY, PANAMA	2.4 CITY-ST-ZIP	Miami, Florida 33165
TITLE	D	3.1 TITLE	DTVP
NAME	CONTRERA, ROBERTO ROJAS	3.2 NAME	LUISA DIAZ-MORO
STREET ADDRESS	32-43 AVENUE CUBA	3.3 STREET ADDRESS	3850 SW 87 Avenue, #207
CITY-ST-ZIP	PANAMA CITY, PANAMA	3.4 CITY-ST-ZIP	Miami, Florida 33165
<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		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 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  DATE **01-19-98** (305)

CR2E034 (10/97)