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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE



FLORIDA DEPARTMENT OF STATE

FILED

Feb 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300008172 (7) 1. Corporation Name

FRANO'S INTERNATIONAL, INC.

Principal Place of Business Mailing Address 4100 N. POWERLINE ROAD 4100 N. POWERLINE ROAD SUITE 1-2 SUITE 1-2 POMPANO BEACH FL 33073 POMPANO BEACH FL 33073-3041 3. Date Incorporated or Qualified 3a. Date of Last Report 02/02/1993 06/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3170583 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution П Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MURPHY, T N JR., ESQ 700 W. HILLSBORO BOULEVARD Street Address (P.O. Box Number is Not Acceptable) **BUILDING 4, SUITE 206** 83 DEERFIELD BEACH FL 33441 84 City 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. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent a id title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) TITLE DELETE 1.1 TITLE Change Addition CATURANO, FRANK NAME 1.2 NAME 4100 N POWERLINE RD #Q8 STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 33073 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change 21 TITE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change ___ Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE **THTLE** Change ___ Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS City - ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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.

ERNIL CATURANO