

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:26

DOCUMENT # **P93000034620 (3)**

1. Corporation Name
F & R INVESTMENTS CORPORATION

Principal Place of Business Mailing Address
1700 GRANADA BLVD **1700 GRANADA BLVD**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**

DETERMINE WHICH SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or chartered 05/12/1993	3a. Date of last report 01/27/1994
21	26	4. FET Number 65-0423982		Apply for Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	Country	29. Zip	Country	8. This corporation has liability for intangible tax under S. 190.002, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SARRIA, FRANCISCO 1700 GRANADA BLVD CORAL GABLES FL 33134				81. Name			
				82. Street Address (P.O. Box Number Not Acceptable)			
				83. City			
				84. City		85. Zip Code	

11. Pursuant to the provisions of Sections 607.0402 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0805, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	NAME SARRIA, FEDERICO STREET ADDRESS 1700 GRANADA BLVD CITY, ST, ZIP CORAL GABLES FL 33134	1. TITLE P	NAME FRANCISCO SARRIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 1700 GRANADA BLVD CITY, ST, ZIP CORAL GABLES, FL 33134
TITLE DV	NAME DEL CARMEN SARRIA, MARIA STREET ADDRESS 1700 GRANADA BLVD CITY, ST, ZIP CORAL GABLES FL 33134	2. TITLE V	NAME RICARDO SARRIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 1700 GRANADA BLVD. CITY, ST, ZIP Coral Gables, FL 33134
TITLE DT	NAME SARRIA, RICARDO STREET ADDRESS 1700 GRANADA BLVD CITY, ST, ZIP CORAL GABLES FL 33134	3. TITLE T	NAME FEDERICO SARRIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 1700 GRANADA BLVD CITY, ST, ZIP Coral Gables, FL 33134
TITLE DS	NAME SARRIA, FRANCISCO STREET ADDRESS 1700 GRANADA BLVD CITY, ST, ZIP CORAL GABLES FL 33134	4. TITLE S	NAME MARIA DEL CARMEN SARRIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 1700 GRANADA BLVD. CITY, ST, ZIP Coral Gables, FL 33134
TITLE	NAME	5. TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6. TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 11.120(4)(k), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 100, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* **President** 1/7/94 (302) 441-9412