

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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000059181 (6)

1. Corporation Name
FRALOMARA, INC.



Principal Place of Business

2895 BISCAYNE BLVD.
SUITE 301
MIAMI FL 33139

Mailing Address

2895 BISCAYNE BLVD.
SUITE 301
MIAMI FL 33137-4537

2. Principal Place of Business

21 1403 DADE BOULEVARD
SUITE, Apt. #, etc.
22 Miami Beach, FL
City & State
23 33139
Zip

2a. Mailing Address

26 1602 ALTON ROAD
SUITE, Apt. #, etc.
27 Ste. 360
City & State
28 Miami Beach, FL
Zip

24 Country

25 U.S.A.

29 Country

30 U.S.A.

9. Name and Address of Current Registered Agent

CABRERA, RAUL D
2895 BISCAYNE BLVD. 1602 ALTON ROAD
SUITE 301 360
MIAMI FL 33139

3. Date Incorporated or Qualified

08/24/1993

3a. Date of Last Report

05/16/1996

4. FEI Number

65-0435663

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME AZPIRI, LORENZO
STREET ADDRESS 2895 BISCAYNE BLVD. SUITE 301
CITY-ST-ZIP MIAMI FL 33139

TITLE D
NAME AZPIRI, RACHEL
STREET ADDRESS 2895 BISCAYNE BLVD. SUITE 301
CITY-ST-ZIP MIAMI FL 33139

TITLE D
NAME PANZERI, GIANFRANCO
STREET ADDRESS 2895 BISCAYNE BLVD. SUITE 301
CITY-ST-ZIP MIAMI FL 33139

TITLE D
NAME DE PANZERI, MARILENA C
STREET ADDRESS 2895 BISCAYNE BLVD. SUITE 301
CITY-ST-ZIP MIAMI FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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.

CR2E034 (9/96)