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



[●] COF ANNU	PROFIT PORATION JAL REPORT 1996			3 Morthar ry of State	n :				
	MENT # P93000	00641	3 /						
FRA	ANCEL, INC.								
Principal Place of Business Mailing Address									
14592 SW 12957 14592 SW 12957. MIAMI, FL 33186 MIAMI, FL 33186									
						3. Date incorporated 09/15/199		3a. Date of Last	t Report
	lace of Business		iling Address			4. FEI Number	· · · · · · · · · · · · · · · · · · ·	·	Applied For
Suite, Apt	# etc	26 Su	te. Apt. # etc.					Not Applicable	
22	#. CIC	27				5. Certificate of State	us Desired	TE '	75 Additional e Required
City & State		City 28	/ & State			6. Election Campaig Trust Fund Contril		<u>\$</u> 5.	00 May Be ded to Fees
Z-p 24	Country 25	Zip	Zip		itry	8. This corporation h			ler s 199 032,
<u></u>	9. Name and Address of Curr	1-41	·	30		Fiorida Statutes 10. Name and Addre	Yes	No egistered Agent	
	DODODOTE ANAX	~ f . d. d. d.		1	81 Name				
CORPORATE ACCESS, INC. 1116-D THOMAS VILLE RD. B2 Street Address (PO							Not Acceptat	ble;	
MOUNT VERNUN SQUARE 83							····		
TALLAHASSEE, FL 32303								FL 85	Zip Code
11. Pursuant office or re	to the provisions of Sections 607.05	02 and 607.15	508 Florida Statute	s, the abo	ove-named cor	poration submits this state	ement for the p		ng its registered
	egistered agent, or both in the Sta m familiar with, and accept the obli					ation's board of directors	I hereby accep	pt the appointmen	t as registered
SIGNATURE _	Signal or hyperdiox prohied harve of registering a		AND ME						
12.		ND DIRECTOR		He quite real a	Ager I Signal are requ	ADDITIONS/CHAN	GLS TO OFFIC	LIAT: CERS AND DIREC	TORS IN 12
I)*LE	PRESIDENT		DELETE	1 1 1110	ı f	ADD TO BOOT FOR	GES TO OFFIC	Char	
NAME	IRMA CELINA YOUNG			1.2 NAN	11:				
STREET ADDRESS	18601 5W 210 ST	_		13 \$19	EET ADORESS				
CITY-ST ZIP	MIAMI, FL 331	§			r ST ZIP				
NAME	VICE PRESIDENT		DELETE	2 1 1111				L_] Char	ngeAddition
STREET ADDRESS	20WARD A. YOUNG 18601 SW 20 57			2 2 NAM					
CITY-ST ZiP	MIAMI FL 3318			1	ELT ADORESS ST. ZIP				
TITLE	· ////// / - / /// / / / / // / / / / /		DELETE	3 1 1176				Chan	ige Addition
NAME				3.2 NAM	IE			•	_
STREET ADDRESS				33 STR	EFF ADDRESS				
CITY - ST - ZIP			Licertie		-ST-ZIP				
TITLE NAME			[_] OFLETE	4 1 11[[[] Chan	noit bbA 🔝 sep
STREET ADDRESS				4.2 NAM					
CITY-ST ZIP					FT ADDRESS ST-ZIP				
THILE			[] DELETE	5 1 THE				[] Cran	ige Addition
NAMÉ				52 NAM	P(.			23	g. C. 1.135.135
STREET ADDRESS				5.3 STRE	ET ADDRESS				
City St-ZiP				5.4 Ci1Y	ST-ZIP				
TITLE			DELETE	6 1 TIT.	F	90000	0192	= → Eran	ge Addition
NAME				62 NAM	Ε	~08/15/9	960101	2775° 15002	İ
STREET ADDRESS					ET ADDRESS	***233.7	2 5		
14. I do hereb	y certify that the information suppl-	ed with this film	na is valuntarily for		ST ZIP	alify for the eventurion stol	tod in Spation	110.07(2)/6. / 12:	on Ctututo I

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 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or suppliernental annual report is true and accurate and that my signature shall have the same legal effect as it 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:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Date:

Date:

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR