## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000065339 (2)

FRANJEN CORPORATION

FILED
Sep 08 1997 8:00am
Secretary of State



				<u> </u>	
Principal Place of Business	Mailing Address				
684 <del>9-9E-22ND-9T.</del> 	68 <del>43 SW 22ND</del> -ST. M <del>iami Pl-33</del> 155				
US	48 48			DO NOT WRITE IN THIS SPACE	
	**		3. Date Incorporated or Qualified	3a. Date of Last Report	
			09/20/1993	04/29/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 3725 S. Ocean DR		IN IRTVE	65-0439663	Not Applicable	
Suite, Apt. #, etc. 22 # 1004	Suite, Apt. #, etc. 27 # 1004		5. Certificate of Status Desired	Sec. 75 Additional Fee Required	
City & State	FL 28 City & State HOLLY WOO	1.FG	6. Election Campaign Financing	\$5.00 May Be	
Zip Country	FL 28 HOllywoo	Country	Trust Fund Contribution	Added to Fees	
	WAR) 29 33019 3	Country BROWNZ)	This corporation owes or has paid     Personal Property Tax due June		
	of Current Registered Agent	91	10. Name and Address of New Reg		
MELERO, FRANK 81 Name					
1031 NE 83RD ST.  82 Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33138			tota (i .e. box traineoi le trat riccopidoi	0,	
· ,		63			
		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 profed name of registered agent and life if applicable (NOTE, Registered Agent signature required when reinstalling)  DATE					
12. OFF	ICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		
TITLE PD	☐ DELET <b>E</b>	1.1 TITLE		Change Addition	
NAME MELERO, FRANK		1.2 NAME		_	
STREET ADDRESS 576 EAST 11TH ST.		1.3 STREET ADDRESS			
CITY-ST-ZIP HIALEAH FL 33010		1.4 CITY-ST-ZIP		·	
TITLE SD	☐ DELETE	2.1 TITLE		Change Addition	
NAME ALVAREZ, JENNY		2.2 NAME			
STREET ADDRESS 576 EAST 11TH ST.		2.3 STREET ADDRESS			
CITY-ST-ZIP HIALEAH FL 33010		2.4 CITY - ST - ZIP			
TITLE	L DELETE	3.1 TITLE		Change Addition	
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		Change Addition	
NAME		4. 2 NAME		1	
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP	T prieve	4.4 CITY-ST-ZIP	-,-,-		
TITLE	☐ DELETE	5.1 TITLE		Change Addition	
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP	Library	5.4 CITY-ST-ZIP		Obacca Address	
TITLE	☐ DELETE	6.1 TITLE		Change Addition	
NAME		62 NAME			
STREET ADDRESS		63 STREET ADDRESS			
CITY-ST-ZIP	on supplied with this filing does not qualify	6.4 CITY-ST-ZIP	1 - D11 440 07/0V/) Filed College		

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 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 deproporation 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 enterchment with an address.

CHATURE ( SHERVINE CHERLINES

7/27/97 954-454-956