

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra S. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000003804
 1. Corporation Name

FRITANGA MANAGUA KENDALL, INC.

Principal Place of Business

Mailing Address

13710 SW 56TH STREET
 MIAMI, FL 33175

13710 SW 56TH STREET
 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0465443

Applied For

Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23. Zip

Country

28. Zip

Country

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

24. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TIFFER, ROGER E.
 13710 SW 56TH STREET
 MIAMI, FL 33175

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

88. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIFFER, ROGER E.	1.2 NAME	
STREET ADDRESS	9420 SW 15TH STREET	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI, FL 33174	1.4 CITY, ST, ZIP	
TITLE	DVST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIFFER, NORMA A.	2.2 NAME	
STREET ADDRESS	9420 SW 15TH STREET	2.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI, FL 33174	2.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

Handwritten signature and date: 4/28/98

100002532791
 -05/22/98--01014--049
 ***150.00

SIGNATURE

Handwritten signature: Roger Tiffer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/98 305-592-0394
 Date District Phone

CR2E034 (10/97)