

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000029336 (2)**

1. Corporation Name
LA FRANZIA INTERNATIONAL, INC.



Principal Place of Business: **7125 S.W. 47 ST. STE. 309 MIAMI FL 33155 US**
Mailing Address: **712 S.W. 47 STREET STE. 309 MIAMI FL 33155 US**

2. Principal Place of Business: **7125 S.W. 47 ST STE. 309 MIAMI, FL 33155 US**
2a. Mailing Address: **7125 S.W. 47 ST STE. 309 MIAMI, FL 33155 US**

3. Date Incorporated or Qualified: **04/18/1994** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0508149** 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 Statute: Yes No

9. Name and Address of Current Registered Agent: **RAPPORT, STEPHEN R 201 ALHAMBRA CIRCLE SUITE 502 CORAL GABLES FL 33134**

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 607.0212 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 607.021, Florida Statutes.

SIGNATURE: *Jose D'Andrea* (Officer/Director) or *Stephen Rapport* (Registered Agent)

12. OFFICERS AND DIRECTORS

12.1 NAME: PD D'ANDREA, JOSE	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS: 7125 S.W. 47ST. STE. 309 MIAMI FL	
12.3 CITY, ST, ZIP: MIAMI FL	
12.4 TITLE:	<input type="checkbox"/> DELETE
12.5 NAME:	
12.6 STREET ADDRESS:	
12.7 CITY, ST, ZIP:	
12.8 TITLE:	<input type="checkbox"/> DELETE
12.9 NAME:	
12.10 STREET ADDRESS:	
12.11 CITY, ST, ZIP:	
12.12 TITLE:	<input type="checkbox"/> DELETE
12.13 NAME:	
12.14 STREET ADDRESS:	
12.15 CITY, ST, ZIP:	
12.16 TITLE:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

13.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME:	
13.3 STREET ADDRESS:	
13.4 CITY, ST, ZIP:	
13.5 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME:	
13.7 STREET ADDRESS:	
13.8 CITY, ST, ZIP:	
13.9 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME:	
13.11 STREET ADDRESS:	
13.12 CITY, ST, ZIP:	
13.13 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME:	
13.15 STREET ADDRESS:	
13.16 CITY, ST, ZIP:	
13.17 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME:	
13.19 STREET ADDRESS:	
13.20 CITY, ST, ZIP:	

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 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 Book 12 or Book 13 of the register or on a title report with an address.

SIGNATURE: *Jose D'Andrea* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **NGS** *2/2/96 305-389-3419* (Typed Name and Phone Number)

CR2E034 (12/95)