FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 2:08

DOCUMENT # P94000044898 (2)

1. Corporation Name
FRANKA CORP.

Principal Place of Business	Mailing Address
8421 N.W. 68 ST. MIAMI FL	8421 N.W. 68 ST. MIAMI FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: ~~Applied for~~ ☑ Applied For ☐ Not Applicable
21 8421 NW 68 street	26 8421 NW 68 street	
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State: 23 Miami, Florida	City & State: 28 Miami, FL	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip: 24 33166 Country: 25 USA	Zip: 29 33166 Country: 30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VALLE, MARIA F
999 PONCE DE LEON BLVD.
SUITE 1110
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Ed Castro
82 Street Address (P.O. Box Number is Not Acceptable): 8421 NW 68TH Street
83
84 City: Miami FL 85 Zip Code: 33166

11. Pursuant to the provisions of Section 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] DATE: 05/20/95
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when mandating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	President ☐ Change ☐ Addition
NAME	VALLE, MARIA F	12 NAME	Ed Castro
STREET ADDRESS	999 PONCE DE LEON BLVD., SUITE 1110	13 STREET ADDRESS	8421 NW 68 street
CITY ST ZIP	CORAL GABLES FL 33134	14 CITY ST ZIP	Miami, FL 33166
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	PREVIOUSLY FILED BY MARY A.
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 added on an attachment with an address.

SIGNATURE: [signature] Ed Castro 4/12/95 (305) 471-8169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0178063 CP