

DOCUMENT # P94000044898

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90062 041 ***150.00



DO NOT WRITE IN THIS SPACE

1. Entity Name
FRANKA CORP.

Principal Place of Business Mailing Address
6905 NW 52ND ST. 6905 NW 52ND ST.
MIAMI FL 33166 MIAMI FL 33166

2. Principal Place of Business 3. Mailing Address
3560 NW 115th Ave 3560 NW 115th Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, FL Miami, FL
Zip Country Zip Country
33178 USA 33178 USA

4. FEI Number **65-0645627** Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CASTRO, EDUARDO
6905 NW 52ND ST
MIAMI FL 33166

7. Name and Address of New Registered Agent
Name **Castro, Eduardo**
Street Address (P.O. Box Number is Not Acceptable)
3560 NW 115th Ave
City **Miami** FL Zip Code **33178**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTRO, EDUARDO 6905 NW 52ND ST MIAMI FL 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Castro, Eduardo 3560 NW 115th Ave Miami, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date **01/04/2001** Daytime Phone # **305-471-8169**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)