

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000059272 (2)**

1. Corporation Name

**FRANES ENTERPRISES, INC.**



Principal Place of Business

Mailing Address

11715 S.W. 18TH ST.  
#305  
MIAMI FL 33175

11715 S.W. 18TH ST.  
#305  
MIAMI FL 33175

3. Date Incorporated or Qualified  
**08/11/1994**

3a. Date of Last Report  
**08/11/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0512934**

Applied For  
Not Applicable

Suite, Apt. #, etc.

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

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

25

Country

29

Zip

Country

24

25

29

Zip

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DE FRANCO, YOLANDA M**  
11715 S.W. 18TH ST.  
#305  
MIAMI FL 33175

81

Name

**JOSE H. SANCHEZ**

82

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

**5600 SW 135 AVE STE 110**

83

84

City

**MIAMI**

FL

85 Zip Code

**33125**

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]*

Signature typed or printed name of registered agent or director of corporation

Signature typed or printed name of registered agent

Date

**4/2/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	FRANCO, LUIS C	
STREET ADDRESS	11715 S.W. 18TH ST. #305	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	SVD	<input checked="" type="checkbox"/> DELETE
NAME	DE FRANCO, YOLANDA M	
STREET ADDRESS	11715 S.W. 18TH ST. #305	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>P/D</b>
3.3 STREET ADDRESS	<b>JOSE H. SANCHEZ</b>
3.4 CITY-ST-ZIP	<b>5600 SW 135 AVE STE 110</b> <b>MIAMI FL 33123</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>600001873308</b>
5.3 STREET ADDRESS	<b>-06/24/96--01041--012</b>
5.4 CITY-ST-ZIP	<b>***25.00</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>800001873308</b>
6.3 STREET ADDRESS	<b>-06/24/96--01041--013</b>
6.4 CITY-ST-ZIP	<b>***25.00</b>

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**JOSE H. SANCHEZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/2/96 (305) 3837385**  
Date Signature Printed Name

CR2E034 (12/95)