

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000072326 (9)**

1. Corporation Name

FRAMES USA, INC.



Principal Place of Business

Mailing Address

6822 SW 40 ST
MIAMI FL 33155
US

~~MIAMI~~ 6822 SW 40 ST
~~CORAL GABLES~~ FL 33155
US

3. Date Incorporated or Qualified

09/28/1994

3a. Date of Last Report

04/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

24

25

29

30

4. FEI Number

65-0529078

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 Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOMEZ, JULIO A.
6822 SW 40 ST
MIAMI FL 33155

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 607.0502 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]

PRESIDENT JA GOMEZ

4-15-94

Signed by individual who is not a director or officer of the corporation

Signed by Registered Agent or person authorized to act as such

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	☐ DELETE
NAME	MOKHER, KEITH	
STREET ADDRESS	1540 TREVINO	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	P	☐ DELETE
NAME	GOMEZ, JULIO	
STREET ADDRESS	6822 SW 40 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	CEO	☐ DELETE
NAME	KNECHT, STEPHEN M	
STREET ADDRESS	11499-B SSW 109 RD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	☐ DELETE
NAME	THOMAS GORDON	
STREET ADDRESS	MIAMI FL	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	VP	☐ Change ☒ Addition
12 NAME	THOMAS GORDON	
13 STREET ADDRESS	16101 SW 76 AVE	
14 CITY-ST-ZIP	MIAMI FL 33157	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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)(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 it 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:

[Signature] **JULIO A. GOMEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-94

(885)666-3355

DATE

PHONE NUMBER

CR2E034 (12/95)