## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

**FILED** Jul 13, 1999 8:00 am Secretary of State

07-13-1999 90002 014 \*\*\*550.00

1. Corporation Name				
FRIM ENTERP	RISES, INC.			
FRANCES -	·		i indial milet latte ditti teen (ett)	<b>e e</b> nki h <b>er</b> e
D. I.	Maille Address			t <b>e</b> m 1881
Principal Place of Business	Mailing Address		* 5 586786 - 90002 - 14	6 *
3040 Sw 155t.	3040 SW 15 St	-	300780 - 90002 - 14	
- · · · · · · · · · · · · · · · · · · ·			DO NOT WRITE IN THIS SPACE	
Higmi, FL 33145	M14m1, 1 2 3 31	10	3. Date Incorporated or Qualifed	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
13040 SW 155+	26 3040 SW 15	5 <u>5</u> ± .	65-0648205	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
2	27 Cit. 8 State			
City & State  Wami FL	City & State		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be
Zip Country	Zip Cou	intry	8. This corporation owes the current year	ntangible
133145 図(以合	29 <i>33145</i> 30 (	7717	Personal Property Tax.	☐ Yes ☐ No
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
Caridad Valdes - Dilmé		81 Name	ridad Valda-	Dilme
· -· •	<i>y</i> ,	82 Street Addres	ss (P.O. Box Number is Not Acceptable)	0.10
80 NW 35 900 noe		83	100 33 00e	nue
M19M1 ( C ) ) 1919		84 City	iami F	
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the a	bove-named corpor	ration 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 agent. I am familiar with and accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE Signston, Nover of control running the property of c								
2.	Signature, types or manifest and state of agent and title if applicable. (NOTE: N	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF	N 12				
	Dresident DELETE	1.1 TITLE	☐ Change ☐	Addition				
AME	President  Tracenta Valdes  3040 St. 158t  Migmi FZ 33145	1.2 NAME	,					
TREET ADDRESS	BOYO SU 15ST	1.3 STREET ADDRESS		ľ				
ITY-ST-ZIP	Miami (FL 33145	1.4 CITY-ST-ZIP						
TLE	☐ DELETE	2.1 TITLE	☐ Change	Addition				
AME		2.2 NAME						
TREET ADDRESS		2.3 STREET ADORESS						
ITY-ST-ZIP	<u></u>	2.4 CITY-ST-ZIP						
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4ME	<u>- +=</u>	3.2 NAME	- 3	<u> </u>				
TREET ADDRESS	•	3.3 STREET ADDRESS						
TY-ST-ZIP		3.4. CITY-ST-ZIP		* * * * ***				
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<b>IME</b>		4. 2 NAME						
TREET ADDRESS		4.3 STREET ADDRESS		Ì				
TY-ST-ZIP		4.4 CITY-ST-ZIP						
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TLE	☐ DELETE	6.1 TITLE	☐ Change ☐	Addition				
₩E		6.2 NAME		ĺ				
REET ADDRESS		6.3 STREET ADORESS	·	\ \ \				
TY-ST-ZIP	<u>.</u>	6.4 CITY-ST-ZIP						

4. 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 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, with all other like empowered.

**SIGNATURE:**