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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 09 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000054979 (6)

FREIXAS CORP.

CHY-SI-ZIF

Principal Place of Business Mailing Address 8426 N.W. 70TH ST. MIAMI FL 33166 MIAMI FL 33166-2637	
3. Date Incorporated 07/14/1995	or Qualified 3a, Date of Last Report 04/30/1996
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 26 65-0598564	Not Applicable \$8.75 Additional
22 5. Certificate of State	is Desired Fee Required
City & State City & State 6. Election Campaign	·
23 28 Trust Fund Contrib Zip Country Zip Country 8 This corporation h	·
Zip Gountry Zip Gountry 8. This corporation h	as liability for intangible tax under s. 199.032, Yes No
	as of New Registered Agent
FREIXAS, CARMINA 81 Name	
2771 VILLAGE GREEN DR. 82 Street Address (P.O. Box Number is	Not Acceptable)
MIAMI FL 33175	
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 state office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I agent I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Stypulos hypertia procedureme of registered agent and little riapplicable (NOTE: Registered Agent signature required when reinstating)	hereby accept the appointment as registered
	GES TO OFFICERS AND DIRECTORS IN 12
HIGH D DELETE 1.1 THE	Change Addition
NAME FREIXAS, FRANCISCO 1.2 NAME	
STREET ADDRESS 2771 VILLAGE GREEN DR. 1.3 STREET ADDRESS	
CITY S1 - ZB' MIAM! FL 33175 14 DTY - ST - ZIP	Change Addition
NAME FREIXAS, CARMINA 22 NAME	
SIREET ADDRESS 2771 VILLAGE GREEN DR. 2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33175 2.4 CITY-ST-ZIP	
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14. I do 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.

SIGNATURE:

SIGNAT

64 City - ST- ZIP