

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

FILED

May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000054979 (6)  
1. Corporation Name  
FREIXAS CORP.



Principal Place of Business  
8426 N.W. 70TH ST.  
MIAMI FL 33168

Mailing Address  
8426 N.W. 70TH ST.  
MIAMI FL 33168

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 8008 NW 68th ST	26 8008 NW 68th ST.	4. FEI Number 65-0598564	
Suite, Apt. #, etc.		Applied For Not Applicable	
22	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 MIAMI FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33168	25 DADE	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29 33168	30 DADE		

9. Name and Address of Current Registered Agent

FREIXAS, CARMINA  
2771 VILLAGE GREEN DR.  
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1173 NW 12 PL
83
84 City MIAMI FL 85 Zip Code 33182

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/D
NAME	FREIXAS, FRANCISCO	1.2 NAME	Freixas, Francisco
STREET ADDRESS	2771 VILLAGE GREEN DR.	1.3 STREET ADDRESS	1173 NW 12 PL
CITY-ST-ZIP	MIAMI FL 33175	1.4 CITY-ST-ZIP	MIAMI FL 33182
TITLE	D	2.1 TITLE	V/D
NAME	FREIXAS, CARMINA	2.2 NAME	Freixas, Carmina
STREET ADDRESS	2771 VILLAGE GREEN DR.	2.3 STREET ADDRESS	1173 NW 12 PL
CITY-ST-ZIP	MIAMI FL 33175	2.4 CITY-ST-ZIP	MIAMI FL 33182
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE:

*Francisco Freixas*

3/2/98 (305) 592-4071

CR2E034 (10/97)