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Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90025 005 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000059216
 1. Corporation Name
FRIEZE OF AMERICA, CORPORATION



Principal Place of Business 5500 SW 77TH COURT H305 MIAMI FL 33155 US	Mailing Address 5500 SW 77TH COURT #305 MIAMI FL 33155 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7781 SW 19 STREET Suite, Apt. #, etc. 22 City & State 23 MIAMI FL Zip 24 33155 Country 25 US	2a. Mailing Address 26 7781 SW 19 STREET Suite, Apt. #, etc. 27 City & State 28 MIAMI Zip 29 FL Country 30 US
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3. Date Incorporated or Qualified 08/01/1995	4. FEI Number 65-0605117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
FRIEZE, JONATHAN D
5500 SW 77TH COURT
STE 305
MIAMI FL 33155

10. Name and Address of New Registered Agent
 81 Name **FRIEZE, JONATHAN D.**
 82 Street Address (P.O. Box Number is Not Acceptable)
7781 SW 19 STREET
 83
 84 City **MIAMI** FL 85 Zip Code **33155**

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 Jonathan D. Frieze **SONATHAN D FRIEZE, PRES.** DATE MAY 1, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	FRIEZE, JONATHAN D
STREET ADDRESS	5500 SW 77TH COURT STE 305
CITY-ST-ZIP	MIAMI FL 33155
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRIEZE, JONATHAN D.
1.3 STREET ADDRESS	7781 SW 19 STREET
1.4 CITY-ST-ZIP	MIAMI FL 33155
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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: Jonathan D. Frieze **SONATHAN D. FRIEZE, PRES.** DATE MAY 1, 1999 (305) 267-9548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)