

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000074872 (9)

1. Corporation Name

FRANCESKA INC.



Principal Place of Business

Mailing Address

2658 N.W. 21ST TERRACE  
MIAMI FL 33142

2658 N.W. 21ST TERRACE  
MIAMI FL 33142

2. Principal Place of Business

2a. Mailing Address

21 319 NORTH AVENUE

26 319 NORTH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 PALM BEACH FL

28 PALM BEACH FL

24 Zip 33480

25 Country USA

29 Zip 33480

30 Country USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/28/1995

3a. Date of Last Report

4. FFI Number

LS-0616067

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financial 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

POSNER, SYLVIA  
2658 N.W. 21ST TERRACE  
MIAMI FL 33142

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

319 NORTH AVENUE

83

84 City PALM BEACH

FL

85 Zip Code 33480

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Sylvia Posner

SYLVIA POSNER

5/21/96

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	ANNE FRANCINE AKIBA	
STREET ADDRESS	319 NORTH AVENUE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	SYLVIA POSNER	
STREET ADDRESS	319 NORTH AVENUE	
CITY-ST-ZIP	PALM BEACH, FL 33480	
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. TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	ANNE FRANCINE AKIBA	
3. STREET ADDRESS	319 NORTH AVENUE	
4. CITY-ST-ZIP	PALM BEACH FL 33480	
5. TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	SYLVIA POSNER	
7. STREET ADDRESS	319 NORTH AVENUE	
8. CITY-ST-ZIP	PALM BEACH, FL 33480	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		

500001841975  Change  Addition  
-05/29/96--01021--007  
\*\*\*200.00

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 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:

Sylvia Posner

SYLVIA POSNER, VP

4/20/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)