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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000089974 (6)

1. Corporation Name

FRAPI MANAGEMENT INC.



Principal Place of Business

7599 N.W. 7TH STREET
MIAMI FL 33126

Mailing Address

7599 N.W. 7TH STREET
MIAMI FL 33126

3. Date Incorporated or Qualified

11/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESPINOSA, PATRICIA O
7599 N.W. 7TH STREET
MIAMI FL 33126

81 Name

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

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 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

Patricia O. Espinosa

(NOTE: Registered Agent signature required when reinstating)

1/27/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
D.V.D.
ESPINOSA, FRANCISCO C
7321 LOS PINOS BLVD.
CORAL GABLES FL 33143

1.2 NAME
1.3 STREET ADDRESS

TITLE ☐ DELETE

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

NAME
PTD
ESPINOSA, VETTE C
7321 LOS PINOS BLVD.
CORAL GABLES FL 33143

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS

TITLE ☐ DELETE

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME
3.3 STREET ADDRESS

TITLE ☐ DELETE

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME
4.3 STREET ADDRESS

TITLE ☐ DELETE

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME
5.3 STREET ADDRESS

TITLE ☐ DELETE

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME
6.3 STREET ADDRESS

TITLE ☐ DELETE

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

7.1 TITLE ☐ Change ☐ Addition

NAME

7.2 NAME
7.3 STREET ADDRESS

TITLE ☐ DELETE

7.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

8.1 TITLE ☐ Change ☐ Addition

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:

Francisco C. Espinosa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/96

DATE

266-1162

Daytime Phone #

CR2E034 (12/95)