FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000091712 (6)**

1. Corporation Name
COMFRA, INC.

Principal Place of Business
17851 WETSTONE ROAD
NORTH FORT MYERS FL 33917

Mailing Address
17851 WETSTONE ROAD
NORTH FORT MYERS FL 33917

3. Date Incorporated or Qualified: **11/30/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 8396 Nault Dr
Suite, Apt. #, etc.
22 N/A
City & State
23 N. Ft. Myers, FL 33917
Zip 24 33917 Country 25 USA

2a. Mailing Address
26 8396 Nault Dr
Suite, Apt. #, etc.
27
City & State
28 N. Ft. Myers, FL
Zip 29 33917 Country 30 USA

4. FEI Number: 65-0634257 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing 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

9. Name and Address of Current Registered Agent
ALBERT, FRANK
8396 NAULT DRIVE
NORTH FORT MYERS FL 33917

10. Name and Address of New Registered Agent
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: Signature of Registered Agent — Date

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	ALBERT, FRANK	
STREET ADDRESS	8396 NAULT DRIVE	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE	VT	☐ DELETE
NAME	SALPURIDO, JORGE	
STREET ADDRESS	17851 WETSTONE ROAD	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE	S	☐ DELETE
NAME	PRICE, TERRY	
STREET ADDRESS	5374 N.W. 201 TERRACE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	Jorge Salpurido	
1.3 STREET ADDRESS	17851 Wetstone Rd	
1.4 CITY-ST-ZIP	N. Ft Myers, FL 33917	
2.1 TITLE	VP	☒ Change ☐ Addition
2.2 NAME	Frank Albert	
2.3 STREET ADDRESS	8396 Nault Dr	
2.4 CITY-ST-ZIP	N. Ft. Myers, FL 33917	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***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 is an attachment with an address.

SIGNATURE: Frank Albert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

941-731-6033
Daytime Phone

CR2E034 (12/95)