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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # **P95000094360**1. Corporation Name

FDANEL G OOM

FRANFI & SONS, INC.

Principal Place of Business

Mailing Address

FILED Feb 15, 1999 8:00 am Secretary of State

02-15-1999 90013 022 ***150.00



21 26 65-0644774 Not A Suite, Apt. #, etc. Suite, Apt. #, etc. 22 5. Certificate of Status Desired Fee Requirements From Country Financing Trust Fund Contribution Added to Status Desired Trust Fund Contribution Added to Status Desired Fee Requirements From Country Status Desired Fee Requirements From Country Status Desired Fee Requirements From Country Status Desired Fee Requirements Fee Requirements From Country Status Desired Fee Requirements Fee Requirements Fund Country Status Desired Fee Requirements Fee	6471 S.W. 42ND STREET MIAMI FL 33155		6471 S.W. 42ND STREET MIAMI FL 33155				DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc. Suite, Ap							•			
Sulle, Apt. #, etc. 22 27 27 27 27 27 28 31 28 31 29 31 30 30 30 30 30 30 30	Principal Place of Business Za. Mailing Address				-		}	Ar	oplied For	
22 27 28 310 28 3500 32 32 32 32 30 32 30 30	21		26	<u> </u>			65-0644774		ot Applicable	
State City & State City & State			<u> </u>	¬ '			5. Certifcate of Status Desired \$8.75 Additional Fee Required			
9. Name and Address of Current Registered Agent FIGUEROSA, FRANCISCO G471 S.W. 42ND STREET MIAMI FL 33155 84 City FL 65 Zip Cc 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its re 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 registagent, 1 and femiliar with, and accept the collegions of, Section 607.0505, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its re 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 registagent, 1 and femiliar with, and accept the collegions of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and ties if applicable. (NOTE: Registered Agent significar required when remediating). DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS TILE P FIGUEROA, FRANCISCO 6471 S.W. 42ND ST. 1.3 STREET ADDRESS CITY-ST-ZP TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 5.1 TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 5.1 TITLE DELETE 4.1 TITLE DELETE 5.1 TITLE DELETE 4.1 TI	City & State		— ·							
FIGUEROSA, FRANCISCO 6471 S.W. 42ND STREET MIAMI FL 33155 82 Street Address (P.O. Box Number is Not Acceptable) 83 In the provisions of Sections 607 0502 and 807 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its rediffice to 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, and familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and 894 1 speliculus. (NOTE Registered Agent signature required when remaining). DATE TITLE PERCENCES OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR TITLE PERCENCES OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ACMY-ST-ZP FIGUEROA, FRANCISCO 6471 S.W. 42ND ST. 13. STREET ADDRESS CITY-ST-ZP TITLE DELETE 14. TITLE Change Change TITLE CHANGES CITY-ST-ZP DELETE 31. TITLE CHANGES ACTIV-ST-ZP CHANGES ALCHY-ST-ZP TITLE CHANGE STREET ADDRESS CITY-ST-ZP TITLE CHANGE STREET ADDRESS STR	- -1	·	└	_	ntry		1		□No .	
FIGUEROSA, FRANCISCO 6471 S.W. 42ND STREET MIAMI FL 33155 82 Street Address (P.O. Box Number is Not Acceptable) 83	<u>- 1 </u>					10. Name and Address of New Registered Agent				
6471 S.W. 42ND STREET MIAMI FL 33155 83 84 City FL 85 Zip Cd 71. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits his statement for the purpose of changing its re office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits his statement for the purpose of changing its re office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits his statement for the purpose of changing its re 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, 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, 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, or both, in the State of Florida. Such change was authorized by the corporation submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes. SIGNATURE 12.					81	Name				
### City ### Fig. 84 City ### Fig. 85 Zip Co	6471 S.W. 42ND STREET			ļ	82	Street Add	Street Address (P.O. Box Number is Not Acceptable)			
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits statement for the purpose of changing its re 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, and care of registered agent and title if applicable. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. STREET ADDRESS FIGUEROA, FRANCISCO 6471 S.W. 42ND ST. ITILE MAME 1.3 STREET ADDRESS CITY. ST. 2P ITILE DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS CITY. ST. 2P DELETE 3.4 CITY. ST. 2P 1.5 STREET ADDRESS CITY. ST. 2P DELETE 3.5 STREET ADDRESS CITY. ST. 2P 3.4 CITY. ST. 2P 3.5 STREET ADDRESS CITY. ST. 2P 3.5 STREET ADDRESS CITY. ST. 2P 3.6 CITY. ST. 2P 3.7 STREET ADDRESS CITY. ST. 2P 3.8 STREET ADDRESS CITY. ST. 2P 3.9 STREET ADDRESS CITY. ST. 2P 3.4 CITY. ST. 2P 3.5 STREET ADDRESS CITY. ST. 2P 3.5 STREET ADDRESS CITY. ST. 2P 3.6 CITY. ST. 2P 3.7 STREET ADDRESS CITY. ST. 2P 3.8 CITY. ST. 2P 3.9 STREET ADDRESS CITY. ST. 2P 3.9 STREET ADDRESS CITY. ST. 2P 3.0 CITY. ST. 2P 3.0 CITY. ST. 2P 3.1 STREET ADDRESS CITY. ST. 2P 3.2 NAME 3.3 STREET ADDRESS CITY. ST. 2P 3.4 CITY. ST. 2P 3.5 STREET ADDRESS CITY. ST. 2P 3.5 STREET ADDRESS CITY. ST. 2P 3.6 CITY. ST. 2P 3.7 STREET ADDRESS CITY. ST. 2P 3.8 STREET ADDRESS CITY. ST. 2P 3.9 STREET ADDRESS CITY. ST. 2P 3.0 CITY. ST. 2P 3.0 CITY. ST. 2P 3.1 STREET ADDRESS CITY. ST. 2P 3.2 NAME 3.3 STREET ADDRESS CITY. ST. 2P 3.4 CITY. ST. 2P 3.5 STREET ADDRESS CITY. ST. 2P 3.5 STREET ADDRESS CITY. ST. 2P 3.6 CITY. ST. 2P 3.7 STREET ADDRESS CITY. ST. 2P 3.8 CITY. ST. 2P 3.9 STREET ADDRESS CITY. ST. 2P 3.9 STREET ADDRESS CITY. ST. 2P 3.0 STREET ADDRESS CITY. ST. 2P 3.0 STREET ADDRESS CITY. ST. 2P 3.0 ST	MIAN	AI FL 33155			83		。 一种 其他 的 解析 解析器			
### Pressuant 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 re office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Hereby accept the appointment as regis agent. Jam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE					84	City	TO THE THIRD THE AND THE PERSON OF THE PERSO	85 Zip	Code 1	
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 regis agent, arm familiar with, and accept the obligations of .Section 607.0505. Florida Statutes. SIGNATURE Signature, typod or printed name of the obligations of .Section 607.0505. Florida Statutes. Signature, typod or printed name of posterior agent and title if applicable. (NOTE Registered Agent signature required when reinstating). DATE	44 5	5 (b)	2 + COZ 4EOO Elevido Stotuto	s the at		named com			registered	
12	office or re agent. I an	edistered agent, or both, in the State (of Florida. Such change was au	ıthorized	bv th	ne corporati	on's board of directors. I hereby accept the appo	intment as re	egistered	
TITLE P DELETE 1.1 TITLE Change Change	SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Registered	Agent s	signature require				
NAME FIGUEROA, FRANCISCO 12 MAME 13 STREET ADDRESS 6471 S.W. 42ND ST. 13 STREET ADDRESS 14 CITY-ST-ZIP	12.	OFFICERS AN		13.						
STREET ADDRESS 6471 S.W. 42ND ST. 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TITLE	P	☐ DELETE	1,1 111	îLE			☐ Change	☐ Addition	
MIAMI FL 33155	NAME	FIGUEROA, FRANCISCO		1.2 NA	ME				.	
TITLE DELETE 2.1 TITLE Change NAME 2.2 NAME CTY-ST-ZIP CA CITY-ST-ZIP CHANGE CHANGE <t< td=""><td>STREET ADDRESS</td><td>6471 S.W. 42ND ST.</td><td></td><td>1.3 ST</td><td>REET A</td><td>NDDRESS</td><td></td><td>•</td><td></td></t<>	STREET ADDRESS	6471 S.W. 42ND ST.		1.3 ST	REET A	NDDRESS		•		
NAME	CITY-ST-ZIP	MIAMI FL 33155		1.4 CIT	TY-ST-	ZIP		· .		
STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TITLE		DELETE	2.1 TIT	TLE			Change	☐ Addition	
CITY-ST-ZIP	NAME			2.2 NA	ME			•		
TITLE	STREET ADDRESS			2.3 ST	REETA	ADDRESS				
TITLE	CITY-ST-ZIP			2. 4 CI	TY-ST-	-ZIP				
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change			☐ DELETE	-				☐ Change	☐ Addition	
STREET ADDRESS 33 STREET ADDRESS 34 CITY-ST-ZIP 34 CITY-ST-ZIP Change Ch		er f		3.2 NA	ME					
STREET ADDRESS SA CITY-ST-ZIP Change Cha	1.7			3.3 ST	REETA	ADDRESS	graph of the second of the	Eller State Control	re our estimate	
DELETE	. 1	•		3.4. Cf	TY-ST-	-ZIP			2005年129日	
NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE Change NAME 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change NAME 6.2 NAME CHANGE			☐ DELETE				· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
A3 STREET ADDRESS				4.2 N	AME					
A4CITY-ST-ZIP		·		4.3 ST	REETA	ADDRESS				
TITLE	4			4.4 CIT	TY-ST-	ZIP				
STREET ADDRESS			☐ DELETE	_				☐ Change	☐ Addition	
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 62 NAME	NAME			5.2 NA	ME		1.5		l	
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 62 NAME	STREET ADDRESS			5.3 ST	REETA	ADORESS	:			
TITLE DELETE 6.1 TITLE Change NAME 62 NAME 62 NAME				5.4 CIT	TY-ST-	ZIP				
NAME 62 NAME		7.7	☐ DELETE	6.1 TIT	R.E		;	Change	Addition	
CA CENTET ADDRESS		# · ·		6.2 NA	WE		·			
		•		6.3 ST	REETA	ADORESS	,	-		
CITY-ST-ZIP 64 CITY-ST-ZIP				6.4 CIT	TY-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 of 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIEMING OFFICER OR DIRECTOR

1/30/99 305-775-1678 Date Daytime Phone # CR2E034 (11/98)