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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000009838 (9)

DFRANCO CORP.

FILED Mar 26 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | | | | | 18181 18188 11 | *** **** |
|---|-------------------|---|----------------|---------------------------------------|----------------|-------|--------------------|---|-------------------|-----------------------------|
| 1160 KANE CONCOURSE | | | | 1160 KANE CONCOURSE | | | | | | |
| MIAMI FL 33154 | | | M | MIAMI FL 33154 | | | | DO NOT WRITE IN THIS S | DACE | |
| | | | | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | |
| | | | | | | | | 01/26/1996 | | |
| A Principal Of | laca of Dunie | | 1 34 | Mailing Address | | | | 4. FEI Number | 110. | anlied For |
| 2. Principal Place of Business | | | | h * | | | | 65-0722993 | | oplied For ot Applicable |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | | Additional |
| <u> </u> | | | | | | | | 5. Certificate of Status Desired | | equired |
| City & State | | | | City & State | | | | Election Campaign Financing | | May Be |
| 23 | | | 90 | 28 | | | | Trust Fund Contribution | | May Be to Fees |
| Zip | | Country | | Zip | Cou | untry | | 8. This corporation owes or has paid the curre | | |
| 24 | | 25 | 29 | | 30 | | | | | Ž Nc |
| 9, Name and Address of Current | | | | - | | | | 10. Name and Address of New Registered Agent | | |
| DD | | | | | | 81 | Name | | * | |
| PRESS, MARK D 1801 WEST AVE | | | | | | | | | | |
| MIAMI BEACH FL 33139 | | | | 8 | | | Street A | ddress (P.O. Box Number is Not Acceptable) | | |
| Mile | WII DEMUT | 1 FL 33 137 | | | | 83 | | | | |
| | | | | | | | | | | |
| | | - | | | | 84 | City | FI | 65 Zip | Code |
| ## Durayant | o the mention | ince of Sections 60 | 7 0502 and 60 | of 1500 Florida Cras | tuton the o | | namad a | | changing | te registered |
| 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. | | | | | | | | | | |
| agent. 1 am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. | | | | | | | | | | |
| SIGNATURE | 5 | or printed name of register | | 4 | Off Design | | | equired when reinstating) DATE | | |
| 12. | Signaturu, typiec | | S AND DIREC | | 13. | o Age | III BIQINBILI B IE | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTOR | 3S IN 12 |
| TITLE | ρ | - 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | O FIND DIFFE.C | DELETE | 1.1 T | TLE | | | Change | Addition |
| NAME | DIFRAN | CO, KITTY | | | . 1.2 N | | | | | |
| STREET ADDRESS | | AYTONA RD | | | | | ADDRESS | | | l. |
| 1 1 | | BEACH FL 33141 | | | | | | | | |
| CITY-ST-ZIP | VP | ALACITIC WIST | | DELETE | 1.4 C | ITY-S | 1-ZIP | | Change | Addition |
| NAME | ••• | O, FRANK | | CLI OCCCIO | 2.1 N | | | • | | |
| 1 1 | | AYTONA RD. | | | | | 4000000 | • | | |
| STREET ADDRESS | | BEACH FL | | | | | ADDRESS | e e | | |
| CITY-ST-ZIP | MINONI | SEACH FL | | DELETE | 2.4 (3.1 T | | ST-ZIP | | Change | Addition |
| TITLE | | | | OLLETE | | | | · | Unange | radiioii |
| NAME | | | | | 3.2 N | | | | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | į |
| CITY-ST-ZIP | | | | DELETE | | | ST-ZIP | | 1 Change | Addition |
| TITLE | | | | L DECEIE | 4.1 T | | | | | L(Audition |
| NAME | | | | | 4, 21 | | | | | |
| STREET ADDRESS | | | | | 1 | | ADDRESS | | | |
| CITY-ST-ZIP | | | | i i i i i i i i i i i i i i i i i i i | | ITY-S | T-ZIP | | 105 | I Addres |
| TITLE | | | | DELETE | 5.1 T | | | | ☐ Change | Addition |
| NAME | | | | | 5.2 N | AME | | | | |
| STREET ADDRESS | | | | | 5.3 S | TAEET | ADDRESS | | | |
| CITY-ST-ZIP | | | | | 540 | ITY-S | T-ZIP | | | |
| TITLE | | | | ☐ DELETE | 6.1 T | #LE | | | Change | Addition |
| NAME | | | | | 6.2 N | AME | ľ | | | |
| STREET ADDRESS | | | | | 6.3 S | TAEET | ADDRESS | | | |
| CITY-ST-ZIP | | | | | 6.4 C | ITY-S | T- ZIP | | | |
| | | | | 1 - 1 | | | | Lie Continue 440 07/00/2 Florido Chatalana 1 forther annu | مطاه ومطاه ، اگذا | 1.5 |

more portion that the information 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 trusted ampowered 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 addition.