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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600009838

1. Corporation Name

DFRANCO CORP.

Principal Place of Business 1160 KANE CONCOURSE

Mailing Address

1160 KANE CONCOURSE

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90098 006 ***150.00



MIAMI FL 33154	MIAMI FL 33154		DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualifed 01/26/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
21	26		65-0722993 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	. \	5. Certifcate of Status Desired S8.75 Additional
22	27		5. Certificate of Status Desired Fee Required
City & State	City & State	\	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip Country `	Zip	Country	8. This corporation owes the current year Intangible
24 25	29 30		Personal Property Tax. Yes No
9. Name and Address of Current	Registered Agent	- - -	10. Name and Address of New Registered Agent
PRESS, MARK D		81 Na	me : : : : : : : : : : : : : : : : : : :
1801 WEST AVE		82 Str	eet Address (P.O. Box Number is Not Acceptable)
MIAMI BEACH FL 33139			
MINIM BEACHTE 33133		83	:
;		84 Cit	ſ ŗĿ ┆│ │
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Signature, typed or printed name of registered agent a 12. OFFICERS AND		gistered Agent signa	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P	DIRECTORS	1.1 TITLE	☐ Change ☐ Addition
NAME DIFRANCO, KITTY	V	1.2 NAME	
ASAR BANGONA DD		1.3 STREET ADOR	FEC.
LUALU DELOU EL ADALA		1.4 CITY-ST-ZIP	
TITLE VP	☐ DELETE	2.1 TITLE	Change Addition
NAME DIFRANO, FRANK	_ :=:	2.2 NAME	,
STREET ADDRESS 1510 DAYTONA RD.		2.3 STREET ADDR	FSS
MANU DEACH EL		2.4 CITY-ST-ZiP	
TITLE MIAMI BEAUTI FL	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDR	ESS
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	□ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDR	FSS
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDR	ESS
CITY-ST-ZIP	•	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	Change Addition
NAME	_	6.2 NAME	
STREET ADDRESS	,	6.3 STREET ADDR	ESS
CITY-ST-7IP		6.4 CITY+ST-ZIP	

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 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 all other like empowered.

SIGNATURE: