## 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 #**1. Corporation Name P96000041957 (7)

FRAMING EXPRESS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**FILED** 

Mar 10 1998 8:00am

Secretary of State

5700 SW 133 PL., STE. 3 MIAMI FL 33183				5700 SW 133 PL.: STE. 3 MIAMI FL 33183				DO NOT WRITE IN THIS SPACE					
	11865 SW 265T # 177 miamo FL 33175							3. Date Incorporated or Qualified					
								<u> </u>	05/16/1996				
2. Principal Place of Business				2s. Mailing Address				4.	FEI Number	L	Applied For		
				26				<u> </u>	65-0005123	Л.	Not Applicable		
Suite, Apt. #, etc				Suite, Apt. #, etc.				5.	Certificate of Status Desired	atus Desired			
23				City & State				6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
24	Zip	Country 25	29					8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.					
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
MEJIA, SUSANA					81		Name						
5700 SW 133 PL., STE. 3 MIÅMI FL 33183							Street Addre	ress (P.O. Box Number is Not Acceptable)					
					84		City		FL	1	Zip Code		
11	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.												
SI	SIGNATURE Signature, typied or printed name of registered agent and late if applicable (NOTE Registered Agent signature required when reinstating)  DATE												

	Signature, typied or printed nonin of registered agont and life if app		legistered Agent signature	required when reinstating)	DATE		
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGE	S TO OFFICERS ANI	DIRECTOR	S IN 12
TITLE	D	DELETE	1.1 TOTLE			Change	Addition
NAME	MEJIA, SUSANA		1.2 NAME				
STREET ADDRESS	5700 SW 133 PL., STE. 3		1.3 STREET ADDRESS		•		
CITY-ST-ZIP	MIAMI FL 33183		1.4 CITY-ST-ZIP				i
TITLE	D	☐ DELETE	2.1 T∤TL€			Change	Addition
NAME	MEJIA, SERGIO		2.2 NAME				
STREET ADDRESS	5700 SW 133 PL., STE. 3		2.3 STREET ADDRESS		p .		
CITY-ST-ZIP	MIAMI FL 33183		2. 4 CITY - ST - ZIP				ĺ
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3 4. CITY-ST-ZIP				
TITLE		☐ DELETE	41 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CiTY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				]
TITLE		DELETE	6.1 TITLE			Channe	Addition

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 or the receiver or trusted 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 atlantment with an address

6.2 NAME

6.3 STREET ADDRESS

**SIGNATURE:** 

STREET ADDRESS

2261050

Change

Addition