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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000049835 (7)

FRAMAG ENTERPRISES, INC.

Principal Place of Business Mailing Address
2100 W 76TH ST SUITE 512 2100 W 76TH ST SUITE 512

FILED
May 16 1997 8:00am
Secretary of State



2100 W 78TH S HIALEAH FL 33			2100 W 76TH ST SUITE 512 HIALEAH FL 33016-5505							
			•			3. Date Incorporated or Qualified 06/04/1996	3a. Date	of Lasi	l Report	
2. Principal P	iace of Business	2a. Mailing	Address	·		4. FEI Number			Applied For	
21		26		·m·,··,··		65-0676050			Not Applicable	
Suite, Apt #, etc 22		Suite, / 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State 23	e	City & : 28	<u> </u>			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
<i>Z</i> ⊕ 24	Country 25	Zip 29		Count 30	ry	Florida Statutes				
	9. Name and Address of Cui	rent Registered A	gent			10. Name and Address of New Re	gistered Ag	ent		
SANGINETO, FRANK					81 Name					
2100 W 76TH ST SUITE 512 HIALEAH FL 33016				8		ress (P.O. Box Number is Not Acceptable)				
				В	3					
	,			8	4 City		FL	65 Z	ip Code	
11. Pursuant office or r	to the provisions of Sections 607, egistered agent, or both in the of	0502 and 607.1508 late of Florida. Such	Florida Statut change was	tes, the abo	ve-named o	corporation submits this statement for the poration's board of directors. I hereby accept	ourpose of choot the appoin	nanging itment	g its registered as registered	
	how Inne	ongalonis or, section	11 000.0003,11	Ortio Otalial	J G .					
SIGNATURE	Signature, typed or printed hand of registered	agent and title applicab	le. (NOI	E Registered A	gent signature r	equired when reinstating)	DATE			
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE				
TILE	DPS CANONICTO FOANIK		☐ DELETE	1.1 TITLE			L.] Chang	e L Addition	
HAME	SANGINETO, FRANK 3621 NW 19TH STSUITE 51	19		1.2 NAMI	1					
STREET ADDRESS	MIAMI FL 33125	12			ET ADDRESS					
COY-ST-ZIF TOLE	DV		DELETE	1.4 CITY 2.1 TITLE				Chang	e 🔲 Addition	
NAME	SANGINETO, MAGNA			2.2 NAM	ì		_			
STREET ADDRESS	3621 NW 19TH STSUITE 51	12		2.3 STRE	ET ADDRESS					
City-St-7IP	MIAMI FL 33125			2.4 CITY	-\$1-ZIP					
Tilté			DELETE	3.1 TITLE			L	Chang	e 🔲 Addition	
NAME				3 2 NAM	:					
STREET ADDRESS				3 3 STRE	ET ADDRESS					
CITY-ST-71P			DCI C*C	3.4. CITY				1 04		
TITLE			DELETE	4.1 TITLE	-		i	j Chang	e L Addition	
MAME CARROS ARROPEROS				4. 2 NAV						
STREET ADDRESS					ET ADDRESS					
City+ST_ZIP TITLE			☐ DELETE	4.4 CITY- 5.1 TITLE				Chang	e Addition	
NAME				5.2 NAM	1		<u></u>			
STREET ADDRESS					ET ADDRESS					
City - St - ZiP				5.4 CITY						
THE			☐ DELETE	6.1 TITLE			L	Chang	e 🔲 Addition	
NAME				62 NAM	- 1					
STREET ACCURESS					ET ADDRESS					
CITY-ST-ZIP				64 CITY						

14. I do 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 repover 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 a attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97 305-362 2-100 Date Dayline Phone V