

6-3-97 B-7724 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000052815 (3)

1. Corporation Name
F & N MANAGEMENT, INC.



Principal Place of Business
2122 BLOUNT RD.
POMPANO BEACH FL 33069-5111

Mailing Address
2122 BLOUNT RD.
POMPANO BEACH FL 33069-5111

3. Date Incorporated or Qualified 06/20/1996	3a. Date of Last Report
4. FEI Number 65-0676882	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, PA
101 MADEIRA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODOLFO T. RODRIGUEZ	1.2 NAME	
STREET ADDRESS	2808 WHITTINGTON PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL. 33618	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD A. PALUSO	2.2 NAME	
STREET ADDRESS	1801 MONTE CARLO WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33071	2.4 CITY-ST-ZIP	
TITLE	TREASURER	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA V. RODRIGUEZ	3.2 NAME	
STREET ADDRESS	2808 WHITTINGTON PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL. 33618	3.4 CITY-ST-ZIP	
TITLE	SECRETARY	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUISE GROVMAN	4.2 NAME	
STREET ADDRESS	4086 INVERRARY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL, FL. 33139	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, unchanged, or on an attachment with an address.

SIGNATURE

Rodolfo T. Rodriguez - PRESIDENT

4/28/97 8:38449505

CR2E034 (9/96)