

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

FILED
May 06 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 # P96000065415 (7)

1. Corporation Name
FRANDA PROPERTIES, INC.



Principal Place of Business
1111 LINCOLN ROAD #500 MIAMI BEACH FL 33139

Mailing Address
1111 LINCOLN ROAD #500 MIAMI BEACH FL 33139-2491

3. Date Incorporated or Qualified
08/05/1996

3a. Date of Last Report

2. Principal Place of Business

21 **6893 SW 18th ST**
 Suite, Apt. #, etc.

22 **SUITE F106**
 City & State

23 **BOCA RATON, FL**
 Zip Country

24 **33433** 25 **USA**

2a. Mailing Address

26 **6893 SW 18th ST**
 Suite, Apt. #, etc.

27 **SUITE F106**
 City & State

28 **BOCA RATON, FL**
 Zip Country

29 **33433** 30 **USA**

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
DANIELS, NICHOLAS M ESQ
1111 LINCOLN ROAD #500
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name **FRANK NAVILIO**

82 Street Address (P.O. Box Number is Not Acceptable)
6893 SW 18th ST # F106

83

84 City **BOCA RATON** FL 85 Zip Code **33433**

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]* DATE: **03/25/97**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVILIO, DANIEL	1.2 NAME	
STREET ADDRESS	660 LINTON BOULEVARD #108	1.3 STREET ADDRESS	6893 SW 18th ST # F106
CITY-ST-ZIP	DELRAY BEACH FL 33444	1.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVILIO, FRANK	2.2 NAME	
STREET ADDRESS	660 LINTON BOULEVARD #108	2.3 STREET ADDRESS	6893 SW 18th ST # F106
CITY-ST-ZIP	DELRAY BEACH FL 33444	2.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	45-697
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	700002173397
STREET ADDRESS		6.3 STREET ADDRESS	-05/09/97--01067--025
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***173.75

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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **03/25/97** DAYTIME PHONE: **(561) 347-6460**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)