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

05-17-1999 90039 045 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1998 99



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

DOCUMENT # P96000095786 (5) ✓
 1. Corporation Name

FRAGA FAMILY CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2299 DOUGLAS ROAD
 SUITE 900
 MIAMI FL 33131

2299 DOUGLAS ROAD
 SUITE 900
 MIAMI FL 33131

3. Date Incorporated or Qualified

11/25/1996

2. Principal Place of Business

2a. Mailing Address

21 2299 S.W. 37th AVE.

26 2299 S.W. 37th AVE.

4. FEI Number

65-0730625

Applied For

Not Applicable

22 Suite, Apt. #, etc.
 4th Floor

27 Suite, Apt. #, etc.
 4th Floor

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

Miami, FL

Miami, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

Country

29 Zip

Country

33145

30 33145

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURAI, WALD, BIONDO & MORENO, P.A.
 900 INGRAHAM BUILDING
 25 SOUTHEAST SECOND AVENUE
 MIAMI FL 33131

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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME D
 STREET ADDRESS FRAGA, ANTONMIO O
 CITY-ST-ZIP 2299 DOUGLAS ROAD, 4TH FLOOR
 MIAMI FL 33145

1.1 TITLE Change Addition

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change Addition

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change Addition

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change Addition

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change Addition

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change Addition

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 is on Block 12 or Block 13 if changed or on an amendment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 443-2508 5/11/99