

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90121 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *P97000009481*
 1. Corporation Name *FRAX ELECTRIC, INC*

Principal Place of Business *302 LAS PALMAS ST* Mailing Address
ROYAL PALM BEACH
FLORIDA, 33411

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <i>01-30-1997</i>	
4. FEI Number <i>65-0732727</i>	Applied For <input type="checkbox"/> 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 owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
AMERI LAWYER
343 ALMERIA AVE
CORAL GABLES, MIAMI, FL 33134
PH (305) 445-2700

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE <i>P.</i>	<input type="checkbox"/> DELETE
NAME <i>MARTA FRAXEDAS</i>	
STREET ADDRESS: <i>302 LAS PALMAS ST</i>	
CITY-ST-ZIP: <i>ROYAL PALM BEACH, FL 33411</i>	
TITLE <i>V.P.</i>	<input type="checkbox"/> DELETE
NAME <i>FELIPE FRAXEDAS</i>	
STREET ADDRESS: <i>302 LAS PALMAS ST</i>	
CITY-ST-ZIP: <i>ROYAL PALM BEACH, FL 33411</i>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 trustee empowered to execute this report as required by Chapter 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* DATE: *04/26/99* (561) 798-5926

CR2E034 (1/198)