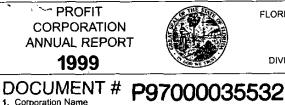
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1999

FRENCHVILLE, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90032 003 ***150.00



Principal Place of Business		Mailing Address					
799 BRICKELL PLAZA SUITE 900		799 BRICKELL PLAZA			}		
		SUITE 900			DO NOT WRITE IN THIS SPACE		
MIAMI FL 33131		MIAMI FL 33131	MIAMI FL 33131		3. Date Incorporated or Qualifed		
					04/21/1997		ł
2 Principal P	lace of Rucinose	2a. Mailing Address			4. FEI Number		oplied For
2. Principal Place of Business		<u>⊢</u> ₁ ઁ	_ 1		65-0750571	1—	lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				Additional
—			27		5. Certificate of Status Desired		Required
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		<u></u>	28		Trust Fund Contribution Added to Fees		-
Zip			Countr	у	8. This corporation owes the current year In	tangible	
24	25 29 30		30		Personal Property Tax.	☐Yes	, Ko
*	9. Name and Address of Curre		T		10. Name and Address of New Registered	Agent	
			8	1 Name D	Perlman & Associate, P.A.		
PERLMAN AND FABER, P.A.			8:				
799 BRICKELL PLAZA			*	2 Sileet Ada	1999 (BP PCKETTE P Taza		1
SUITE 900			8:	3 0	Suite 900		
MIAMI FL 33131			_			1-1 -:-	0-4
			8	4 City N	Miami FL	85 Zip	3931
11 Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	s, the abo	ve-named corp	poration submits this statement for the purpose of	changing it	s registered
office or r	agintared agent or hellb in the State	a of Florida. Such changa was all	honzed h	V the composati	ion's board of directors. I hereby accept the abbu	intment as r	registered
agent, ra	m familiar with, and accept the oblig	GEORGE, D.	PERL	MAN, Pre	esident 2/18/99		
SIGNATURE	Signature, typed or printed name of registered as	pent and title if applicable. (NOTE: F	Registered Ag	ent signature require	ed when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	PTSD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	CISNEROS, ELA		1.2 NAME				
STREET ADDRESS			1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	A STATE OF THE STA		1.4 CITY-	ST-ZIP			
TITLE	VP	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	URDANETTA, MARIELLA CISI	NE	2.2 NAME	:			İ
STREET ADDRESS	A IA MAR SHIPLEST IN LAW ALIESTS AND			ET ADDRESS			1
CITY-ST-ZIP	MIAMI FL 33131		2. 4 CITY	-ST-ZIP			
TITLE	mirato, comp.	☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY	1			
TITLE		☐ DELETE	4,1 TITLE			Change	Addition
NAME			4. 2 NAM	E			
STREET ADDRESS				ET ADDRESS			
			4.4 CITY-				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME	l l			
							1
			5.3 STRE	ET ADDRESS			
STREET ADDRESS							}
CITY-ST-ZIP		□ DELETE	5.3 STRE 5.4 CITY- 6.1 TITLE	\$T-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY- 6.1 TITLE	\$T-ZIP		Change	e Addition
CITY-ST-ZIP		☐ DELETE	5.4 CITY- 6.1 TITLE 6.2 NAME	\$T-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)(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 chapted or or attachment with an address, with all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

ELA CISNEROS, President

Daytime Phone #

= 149