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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700060513 1. Corporation Name

FRANJINHAS INC.

Mailing Address

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90025 002 ***150.00



Finicipal Fidos of Dusiness	indining / radiooo						
70 SEABREEZE CIRCLE UPITER FL 33477	270 SEABREEZE CIRCLE JUPITER FL 33477		DO NOT WRITE IN THIS SPACE				
			3. Date Incorporated or Qualifed				
•			07/11/1997	ļ			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For				
1	26		65-0768175 Not Applica	ble			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired S8.75 Additional Fee Required	1			
City & State	City & State		6. Election Campaign Financing \$5:00 May Be	===			
3	28		Trust Fund ContributionAdded to Fees				
Zip Country .	Zip Cou 29 30	ntry	8. This corporation owes the current year Intangible Personal Property Tax.				
9. Name and Address of Curre			10. Name and Address of New Registered Agent				
LIPSZYC-ARROYO, CLARA		81 Name					
270 SEABREEZE CIRCLE		Street Address (P.O. Box Number is Not Acceptable)					
JUPITER FL 33477		83					
•		84 City	FI 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 a	m familiar with, and accept the obligations of, Sect	on 607.0505, FIORG	a Statutes.				
SIGNATURE	Signature, typed or printed name of registered agent and title if applic	able. (NOTE: Re	egistered Agent signature requi	red when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	. ADDITIONS/CHANGES TO OF			
TITLE	D	☐ DELETE	1.1 TITLE		<u> </u>	Change	☐ Addition
NAME	LIPSZYC-ARROYO, CLARA		1.2 NAME				
STREET ADDRESS	270 SEABREEZE CIRCLE		1.3 STREET ADDRESS				
CITY-ST-ZIP	JUPITER FL 33477		1.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE		<u></u>	Change	☐ Addition
NAME	ARROYO, STEVEN		2.2 NAME				
STREET ADDRESS	270 SEABREEZE CIRCLE		2.3 STREET ADDRESS				
CITY-ST-ZIP	JUPITER FL 33477		2. 4 CITY-ST-ZIP				*2
TILE -		DELETE	3.1 TITLE			Change	Addition '
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		□ DELETE	4.1 TITLE	•	D.	Change	Addition
NAME	·		4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				-
CITY-ST-ZIP			4.4 CiTY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		□,	Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP		<u>_</u>		—
TITLE		☐ DELETE	6.1 TITLE		Ü'	Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-7IP			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 607, 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.

STEVEN MARCHEL OYOR FOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR