Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90094 040 ***150.00

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

PROFIT CORPORATION¹ ANNUAL REPORT

1999 -



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000067527

1. Corporation Name

FRANK FALCON ENTERPRISES CORP.

	•.						
Principal Place of Business Mailing Address				- 1 18611661 (16 18161 1811) SEVIL GENT BRITA SEVIL GENT			
3230 S.W. 73RD AVENUE ROAD 3230 S.W. 73RD AV		3230 S.W. 73RD AVENUE RO	e road		· ·		
MIAMI FL 33155		MIAMI FL 33155			DO NOT WRITE IN THIS SPACE		
•					3. Date Incorporated or Qualifed		
	• •				08/03/1998		1
2 Deinging D	lace of Business	2a. Mailing Address			4. FEI Number	Ani	plied For
— ·	ace of business	26			65-0856402	<u> </u>	Applicable
21 Suite Ant	# atc	Suite, Apt. #, etc.				\$8.75 A	
— · · · · · · · · · · · · · · · · · · ·		<u> </u>	Caro, yet. II, oto.		5. Certifcate of Status Desired	Fee Re	
22 City & State		City & State			6. Election Campaign: Financing	<u></u> \$5.00-	May.Re
		28			Trust Fund Contribution	Added to	
		Zip	Zip Country		8. This corporation owes the current year In	ntangible	
24	25	29 30	0		Personal Property Tax.		₩No
	9. Name and Address of Current	_ 	1		10. Name and Address of New Registered	i Agent /	/
			8	1 Name			
CUAN, J F			8:	2 Street Ad	dress (P.O. Box Number is Not Acceptable)		
3230 S.W. 73RD AVENUE ROAD			0.	Z Street Au	uress (F.O. Box Number is Not Acceptable)		
MIAI	MI FL 33155	•	8	3			
			L				
			8	4 City	Fi	L 85 Zip C	,ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	, the abo	ve-named co	rporation submits this statement for the purpose of	f changing its	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was auth	norized b	v the corpora	ntion's board of directors. I hereby accept the appe	intment as rec	jistered
SIGNATURE		MOTE P	agestared Ag	ent cionatura con	uired when reinstating) DATE		\
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg			13.	ant aightatore requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PVST	□ DELETE ·	1.1 TITLE			☐ Change	Addition .
NAME	CUAN, JUAN F		1.2 NAME				
	3230 S.W. 73RD AVENUE ROAD			ET ADDRESS			
STREET ADDRESS	MIAMI FL 33155		1.4 CITY-			·.	
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	CUAN, JUAN F	42 · -	2.2 NAME				ĺ
	3230 S.W. 73RD AVENUE ROAL	n		ET ADDRESS			
STREET ADDRESS	MIAMI FL 33155		2.4 CITY			• '	ľ
CITY-ST-ZIP		☐ DELETE	3.1 TITLE		e assertier to the first transfer of the second of the sec	Change	Addition
	,		3.2 NAME				
NAME	•		1	ET ADORESS			
STREET ADDRESS	}		3.4. CITY				
CITY-ST-ZIP		☐ DELETE	4.1 TITLE			Change	Addition
TITLE			4. 2 NAM	i	•	_ •	_
NAME			T. Z NAM				
STREET ADDRESS			4 2 CTDC				Ţ
CITY-ST-ZIP TITLE	1		4.3 STRE			*	i
uur l	<u> </u>	☐ DELETE	4.4 CITY-	ST-ZIP		☐ Change	☐ Addition
		☐ DELETE	4.4 CITY- 5.1 TITLE	ST-ZIP	• .	Change	Addition
NAME		☐ DELETE	4.4 CITY- 5.1 TITLE 5.2 NAME	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME STREET ADDRESS		☐ DELETE	4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME		☐ DELETE	4.4 CITY- 5.1 TITLE 5.2 NAME	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)(i), Florida Statutes. I further certify that the information indicated on this annual report or 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 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 as required by the same legal effect as if made under oath; that I am an officer or director of the corporation or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

S BEOUTHED SIGNATURE AND DIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #