PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90043 002 ***158.75

DOCUMENT # **P98000075980**

1. Corporation Name

FRANBER CORPORATION

Principal Place of Business Mailing Address 520 BRICKELL KEY DRIVE 520 BRICKELL KEY DRIVE APT. #A-0601 APT. #A-0601 MIAMI FL 33131 MIAMI FL 33131

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DO NOT	WRITE	IN	THIS	SPA	CE

3. Date Incorporated or Qualifed

09/01/1998

Principal P	lace of Business	2a. Mailing Address		4. FEI Number	21/2	pplied For
4		26 1724 KATHR	YN AVE	59-35346		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-	5. Certifcate of Status Desired	A DKI *: .	Additional equired
City & Stat	e	City & State 28 TAUAHASS	EE, FL	Election Campaign Financi Trust Fund Contribution	* 1	May Be to Fees
Żip _!	Country 25	^{Zip} 32308 30	Country	8. This corporation owes the Personal Property Tax.	current year Intangible	□No
1	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of Ne	w Registered Agent	
CAS	PARY, MARIA B		81 Nan	ne et Address (P.O. Box Number is Not Acc	oantabla)	
1724	i Kathryn ave.		62 Site	et Address (P.O. Box Number is Not Acc	eptable	
TALI	AHASSEE FL 32308		83			
			84 City		FL 85 Zip	Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	orized by the co	ed corporation submits this statement for propration's board of directors. I hereby ac	the purpose of changing its coept the appointment as re	3 registered egistered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	egistered Agent signatu	ure required when reinstating)	DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTO	ORS IN 12
TITLE	D , ~	ਹ DELETE	1.1 TITLE	PRESIDENT	☐ Change	Addition
IA LAF	CASPARY, MARIA B		1,2 NAME	FRANCISCO BERMI	JOEZ OF	τ Δ (σοι
STREET ADDRESS	1724 KATHRYN AVENUE		1.3 STREET ADDRE	SS 520 BEIGGEL FE	y Deive - H	1 7,000
CTT: ST-ZIP	TALLAHASSEE FL 32308		1.4 CITY-ST-ZIP	MIAMI, FL 331	31	
TITLE	···	- DELETE	2,1 TITLE	VICE-PRESIDENT	☐ Change	Addition
_			2.2 NAME	RUTH BERMUDE	2	0-1601
STREET ADDRESS		İ	2.3 STREET ADDRE	ss 520 BRITKELL KI	EY DRIVE - A	KI HOO!
DITY-ST-ZIP	·	<u>_</u>	2, 4 CITY-ST-ZIP	MIAMI - FL 3313	31	
TITLE		☐ DELETE	3.1 TITLE	5,T.	Change	Addition
			3.2 NAME	LANDIN CAGOOD	۲ میر	
STEEF ADDRESS			3.3 STREET ADDRE		AVE	
TV-ST-ZIP			3.4. CITY-ST-ZIP	TALLAHASSEE, FL		
IHLE	_	☐ DELETE	4,1 TITLE		☐ Change	Addition
			4. 2 NAME	:		
- FELL LAUDRESS			4,3 STREET ADDRE	ss	*	
ST-ZIP			4.4 CITY-ST-ZIP			
		□ nel ete	EATITIE	d .	☐ Change	☐ Addition

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.

5.2 NAME 5,3 STREET ADDRESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

☐ DELETE

5.4 CITY-ST-ZIP

SIGNATURE:

HER LAINNE

- --- I ADDRESS

···-ST-ZIP

Change

Addition

CR2E034 (11/98)