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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:47

DOCUMENT # **S01729** **(0)**

1. Corporation Name
FRV & COMPANY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1790 W. 49 ST. SUITE 219 HIALEAH FL 33012 US	P.O. BOX 820097 SOUTH FLORIDA FL 33082-0097 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/31/1990	3a. Date of Last Report: 02/07/1994
4. FEI Number: 65-0218461	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 1790 W. 49 st.	26
22 Suite 301	27
23 Hialeah, Fl.	28
24 Zip: 33012 — 25 Country: Dade	29 Zip — 30 Country

9. Name and Address of Current Registered Agent

RODRIGUEZ, FRANCISCO
1995 NW 179 AVE
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

81 Name: Francisco Rodriguez
82 Street Address (P.O. Box Number Is Not Acceptable): 3401 S. W. 137th Ave.
83
84 City: Miramar — FL — 85 Zip Code: 33027

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, FRANCISCO	1.2 NAME	Rodriguez, Francisco
STREET ADDRESS	1995 NW 179 AVE	1.3 STREET ADDRESS	3401 S. W. 137th Ave.
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	Miramar, Fl. 33027
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, ESTHER S	2.2 NAME	Rodriguez, Esther S
STREET ADDRESS	1995 NW 179 AVE	2.3 STREET ADDRESS	3401 S. W. 137th Ave.
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	Miramar, Fl. 33027
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, LONGOBUCCO L	3.2 NAME	Longobucco, Lian R
STREET ADDRESS	1557 NW 108 AVE, #137	3.3 STREET ADDRESS	1450 N W 108th Ave. #251
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	Plantation, Fl. 33322
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: F Rodriguez FRANCISCO RODRIGUEZ 2/08/95 DOR P950113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Document Number #

0110311 CP