

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90079 031 \*\*\*150.00

0176595

DOCUMENT # **S01729**

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

Principal Place of Business

18331 PINES  
STE 192  
PEMBROKE PINES FL 33029  
US

Mailing Address

P.O. BOX 820097  
SOUTH FLORIDA FL 33082-0097  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1990

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 owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

9. Name and Address of Current Registered Agent

RODRIGUEZ, FRANCISCO  
3401 SW 137TH AVE  
MIRAMAR FL 33027

10. Name and Address of New Registered Agent

81 Name  
Rodriguez Francisco

82 Street Address (P.O. Box Number is Not Acceptable)

83 18331 Pines Blvd. # 192

84 City  
Pembroke Pines

FL

85 Zip Code  
33029

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME RODRIGUEZ, FRANCISCO  
STREET ADDRESS 3401 SW 137TH AVE  
CITY-ST-ZIP MIRAMAR FL

TITLE ☐ DELETE  
NAME RODRIGUEZ, ESTHER S  
STREET ADDRESS 3401 SW 137TH AVE  
CITY-ST-ZIP MIRAMAR FL

TITLE ☐ DELETE  
NAME LONGOBUCCO, LIAN R.  
STREET ADDRESS 1392 NW 159 LANE  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME President  
1.3 STREET ADDRESS Rodriguez Francisco  
1.4 CITY-ST-ZIP 18331 Pines Blvd. # 192  
Pembroke Pines FL 33029

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME Secretary  
2.3 STREET ADDRESS Rodriguez, Esther S  
2.4 CITY-ST-ZIP 18331 Pines Blvd. # 192  
Pembroke Pines, FL. 33029

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME Vice President  
3.3 STREET ADDRESS Longobucco, Lian  
3.4 CITY-ST-ZIP 18331 Pines Blvd. # 192  
Pembroke Pines, FL. 33029

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)