

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

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Apr 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S43074** (1)

1. Corporation Name  
**FRIMOVIL CORPORATION**

Principal Place of Business

**7865 NW 57TH ST.  
MAIMI FL 33168  
US**

Mailing Address

~~7865 NW 57TH ST.  
MAIMI FL 33168 0327  
US~~



2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip Country

**24**  
**25**

2a. Mailing Address

**26** **7860 SW 36 street**  
Suite, Apt. #, etc.

**27** **TROPICARE Homes**  
City & State

**28** **MIAMI - FLORIDA**  
Zip Country

**29** **33155** **30** **EEUU**

3. Date Incorporated or Qualified  
**04/03/1991**

3a. Date of Last Report  
**03/07/1996**

4. FEI Number

**65-0408556**

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

9. Name and Address of Current Registered Agent

**GUTIERREZ, JOSE**  
~~**6580 SANTONA ST.**~~  
~~**APT 35-A**~~  
~~**CORAL GABLES FL 33146**~~

10. Name and Address of New Registered Agent

**81** Name

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

**7860 SW 36th STREET**

**83** **TROPICARE Homes**

**84** City  
**MIAMI**

**FL**

**85** Zip Code  
**33155**

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 of type of or previous name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **GUTIERREZ, JOSE P**  
CITY-ST-ZIP **6580 SANTONA ST., #A-35**  
**CORAL GABLES FL 33146**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **address**  
1.3 STREET ADDRESS **GUTIERREZ - JOSE P**  
1.4 CITY-ST-ZIP **7860 SW 36th STREET**  
**MIAMI - FLORIDA 33155**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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 do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jose P. Gutierrez* **JOSE P. GUTIERREZ** 1/6/1997 (607) 599-1959

CR2E034 (9/96)