FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (FRANZ P. MASCARENHAS)

DOCUMENT # 567006

1. Entity Name

SIGNATURE:

FRANBRI ENTER PRISES INC

FILED May 15, 2002 8:00 am Secretary of State

05-15-2002 90067 009 ***150.00

SATA STATES AND DIRECTORS The above named certify submits this statement for the purpose of changing its registered again. To both, in the State of Florida. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS TIL DIRECTORS FRANCE SIGNATURE SIGNATURE DIRECTORS FRANCE PROSES AND DIRECTORS TIL DIRECTORS FRANCE PROSES AND DIRECTORS TIL DIRECTORS FRANCE PROSES AND DIRECTORS TIL DIRECTORS FRANCE PROSESHING ANE ORLANDO, FL 32-82-2 DIRECTORS SIGNATURE SIGNATURE DIRECTORS FRANCE PROSESHING ANE ORLANDO, FL 32-82-2 DIRECTORS SIGNATURE TIL DIRECTORS TIL DI					· V			-	150.00
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### DIRECTORS ### DI					*	7. Name and Address of Current R	egistered	Agent	2 101160
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6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, speed or present name of registered agent and the if applicable. NOTE: Registered Agent objective registered agent, or both, in the State of Florida. PARTIES Septiment and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS TILL DIRECTOR RAPIN J. Fire is \$55,000 Ameninded UBH is \$61, is 3. Male Cinck Flayable to Department of State Ameninded UBH is \$61, is 3. Male Cinck Flayable to Department of State OFFICERS AND DIRECTORS TILL DIRECTOR RAPIN A. MAS CARRENHAS STREET ADDRESS STREET ADDRESS STREET ADDRESS ORLANDO, FL 32822 TILL DIRECTOR BRIAN A. MAS CARRENHAS STREET ADDRESS STREET			Street Address (P.O. Box Number is Not Acceptable)						
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13. 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 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 11 or on an	 I hereby cei indicated or of the corpo attachment 	rtify that the information supplied with this in this report or supplemental report is true oration or the receiver or trustee empower with an address, with all states.	filing does not qualify for the and accurate and that my s ed to execute this report as	exempt ignature require	ion stated in Section shall have the same d by Chapter 607 F	n 119.07(3)(i), Florida Statutes. I furthe e legal effect as if made under oath; i	er certify that I am a	that the i	information or director