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SIGNATURE: Francues

PROFIT

Feb 17 1998 8:00am H ORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S79159 (7)FRANK DISTRIBUTOR, INC. Principal Place of Business Mailing Address 8261 S W 35 TERRACE 8261 S W 35 TERRACE MIAM1 FL 33155 MIAM! FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/0<u>9/1</u>991 2. Principal Place of Business 4. FEI Number 28. Mailing Address Applied For 65-0287517 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ORTEGA, FRANCISCO 8261 S W 35TH TERRACE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33155** 84 City Zip Code 85 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Stgreative, typest or printed name of region estage et and the if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. TITLE DELETE Change Addition ORTEGA, FRANCISCO NAME 1.2 NAME 8261 S W 35 TERRACE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-57-7IP DELETE 2.1 TITLE Change Addition TITLE NAME ORTEGA, FRANCISCO 2.2 NAME **8261 S W 35 TERRACE** STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CHY-ST-ZIP DELETE 31 TITLE Change Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-S1-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5 2 NAME STREET ADDRESS **5 3 STREET ADDRESS** 5 4 CITY - ST - ZIP CITY - ST - ZIP DELETE 61 TITLE Change Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-78P 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 suppliemental 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

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