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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # \$84060

(0)

FRITANGA MANAGUA, INC.

Principal Place of Business Mailing Address					· · · · · · · · · · · · · · · · · · ·	L SOUTHWING THE FOLLOW HELD BOTTON OF THE	IERI ORDIE DIŞIR DIQUE	ANI U	
1680 PALM AVENUE 1880 PALM AVENUE HIALEAH FL 33010-303									
						3. Date Incorporated or Qualified 10/01/1991	3a. Date of La 04/17/199		porl
2. Principa Pi	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Apr	olied For
21	In the second se	26				65-0294295			Applicable
Suite, Apl 22		Suite, Apt. #, etc.	27			5. Certificate of Status Desired Fee Required			
City & State	9	City & State	├-¬ ´			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	Country		8. This corporation has liability for in		ier s.	199.032,
24	25	29	30		**************************************	Florida Statules X Yes No			
	9. Name and Address of Curr	ent Registered Agent		81		10. Name and Address of New Rec	listered Agent		
	ER, ROGER			٠'	Name				
	PALM AVENUE EAH FL 33010			82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
PIAL	EARI FL SOUIV		ļ	83					
				84	City		FL 85	Zip C	ode
11. Pursuant l office or n	to the provisions of Sections 607.C egistered agent, or both, in the St m familiar with, and accept the ob	502 and 607.1508, Florida Sta ate of Florida, Such change wa ligations of, Section 607.0505.	tutes, the at is authorized Florida Stat	oove i by	named corporation	ration submits this statement for the pi on's board of directors. I hereby accep	urpose of changi t the appointmen	ng its it as r	registered egistered
SIGNATURE									Ì
	Sografue, typed or press disease of registered	· · · · · · · · · · · · · · · · · · ·		1 Age	ent signature required		DATE		
12.	OFFICERS A	AND DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFIC			
TOLE	THECED PAGED	☐ DELETE	11 T)?		1		☐ Cha	n <b>ge</b>	☐ Addition
NAME	TIFFER, ROGER 9420 S.W. 15 STREET		1.2 N/						
STREET ADDRESS	MIAMI FL				ADDRESS	•			
CITY-ST-Zift	ST ST	Donete	1.4 CITY-ST-ZIP ETE 2.1 TITLE		T-21P		☐ Cha		Addition
HILLE 	TIFFER, NORMA A.	DEFELE					[ (lb	ige	MODICION
NAME	9420 S.W. 15 STREET		2.2 NAM				•		
STREET ADDRESS	MIAMI FL				ADDRESS				
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NAME			3.2 NA				<u></u> 5110	•	
STREET ADDRESS					ADDRESS				ĺ
0107 - S1 - ZIP					ST-ZIP				
THE		DELETE	4.1 11		/ +"		Cha	nge	Addition
NAME			4. 2 N	AME	·				
STREET ADDITIESS			4.3 S1	REET	ADDRESS				
CHY-S1-ZIP			4.4 CI		4				
TILF	127 1 2 / 10	☐ DELETE	5.1 71				Cha	nge	Addition
NAME			5.2 NA	ME					
STREET ACORES'S			5.3 ST	REET	ADDRESS				
CITY-ST-7P			5.4 C/	1Y-S	T-ZIP				
1 11.1		☐ DELETE	61T)	TLE			Cha	nge	Addition
NAME			62 N	MĒ					
STREET ADORESS			63 ST	REET	ADDRESS				
CITY-ST-ZIF			6 4 CI	TY-S	T-ZIP				

14. I do hereby certify that the information supplied with this filling 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 are 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

SIGNATURE:

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

4.2297

305-5920394 Daylare Prione #

**FILED** 

Apr 29 1997 8:00am

Secretary of State