FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S97536** **(4)**

1. Corporation Name

F & R ENTERPRISES OF KEY WEST, INC.

Principal Place of Business
2536 S.W. 16 STREET
MIAMI FL 33145

Mailing Address
2536 S.W. 16 STREET
MIAMI FL 33145

2. Principal Place of Business
21 3399 N.W. 72nd Ave.
Suite, Apt. #, etc.
22 SUITE 206
City & State
23 MIAMI, FL.
Zip 24 33122 Country 25 USA

2a. Mailing Address
26 3399 N.W.72ndAve.
Suite, Apt. #, etc.
27 SUITE 206
City & State
28 MIAMI, FL
Zip 29 33122 Country 30 USA

3. Date Incorporation or Qualified: 12/02/1991
3a. Date of Last Report: 04/27/1995
4. FEI Number: 65-0298247 [ ] 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. Does Corporation have liability for intangible tax under s. 199.032, Florida Statutes? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

FERNANDEZ, JUAN
2536 S.W. 16 STREET
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name: FERNANDEZ, JUAN
82 Street Address (P.O. Box Number is Not Acceptable): 3399 N.W. 72nd Ave.
83 SUITE 206
84 City: MIAMI, FL. FL 85 Zip Code: 33122

11. Pursuant to the provisions of Section 607.0505 and 607.0506, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered office and the name of the registered agent of 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	FERNANDEZ, JUAN	
STREET ADDRESS	2536 S.W. 16 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	[ ] DELETE
NAME	RITCHIE, KENNETH	
STREET ADDRESS	816 EATON ST.	
CITY-ST-ZIP	KEY WEST 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		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD	[X] Change [ ] Addition
2. NAME	FERNANDEZ, JUAN	
3. STREET ADDRESS	3399 N.W.72nd Ave. SUITE 206	
4. CITY-ST-ZIP	MIAMI FL. 33122	
2. TITLE	VP	[X] Change [ ] Addition
2. NAME	RITCHIE, KENNETH	
2. STREET ADDRESS	3314 NORTHSIDE DRIVE SUITE 29A	
2. CITY-ST-ZIP	KEY WEST, FL. 33040	
3. TITLE		[ ] Change [ ] Addition
3. NAME		
3. STREET ADDRESS		
3. CITY-ST-ZIP		
4. TITLE		[ ] Change [ ] Addition
4. NAME		
4. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		[ ] Change [ ] Addition
5. NAME		
5. STREET ADDRESS		
5. CITY-ST-ZIP		
6. TITLE		[ ] Change [ ] Addition
6. NAME		
6. STREET ADDRESS		
6. CITY-ST-ZIP		

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14. I do hereby certify that the information supplied herein, including but not limited to the designation of an exempt or state in Section 119.07(3)(i), Florida Statutes. I further certify that the information shown on this annual report or supplement is true and correct to the best of my knowledge and belief, 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 or is the person designated to execute this report as required.

SIGNATURE: _____ 4/16/96 305-597-4322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

JUAN FERNANDEZ