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 # **V40413** **(9)**

1. Corporation Name

FREMSCA INTERNATIONAL DIVISION, INC.

Principal Place of Business	Mailing Address
5440 N SR 7 STE 217 FTL ADUERDALE FL 33319 US	5440 N SR 7 STE 217 FTLADUERDALE F 33319 US

3. Date Incorporated or Qualified: **05/29/1992**
3a. Date of Last Report: **07/13/1995**

4. FEI Number: **65-0354827** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 5440 North State Rd. 7	26 5440 North State Rd. 7
Suite, Apt. #, etc. 22 Suite 05	Suite, Apt. #, etc. 27 Suite 05
City & State 23 Fort Lauderdale, FL	City & State 28 Fort Lauderdale, FL
Zip 24 33319 Country 25 US	Zip 29 33319 Country 30 US

9. Name and Address of Current Registered Agent

BOSCH, JAIRO
5440 N SR 7
STE 8
FT LADUERDALE FL 33319

10. Name and Address of New Registered Agent

81 Name: Bosch, Jairo
82 Street Address (P.O. Box Number is Not Acceptable): 5440 North State Road 7, Suite #105
83
84 City: Ft. Lauderdale **FL** 85 Zip Code: 33319

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] 04/01/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☐ DELETE	11 TITLE	DPT	☒ Change ☐ Addition
NAME	MEDINA, JOSE		12 NAME	MEDINA, José	
STREET ADDRESS	5440 N SR 7 STE 217		13 STREET ADDRESS	5440 North State Rd 7, Suite #105	
CITY-ST-ZIP	FT LADUERDAEL FL		14 CITY-ST-ZIP	Ft. Lauderdale, FL 33319	
TITLE	DVS	☐ DELETE	21 TITLE	DVS	☒ Change ☐ Addition
NAME	MOLERO, EGLEXCY		22 NAME	MOLERO. EGLEXCY	
STREET ADDRESS	5440 N SR 7 STE 217		23 STREET ADDRESS	5440 North State Rd 7, Suite #105	
CITY-ST-ZIP	FT LAUDERDALE FL		24 CITY-ST-ZIP	Ft. Lauderdale, FL 33319	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] 04/01/96 (954) 733-2647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)