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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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FRAYO ENTERPRISES, INC.

Principal Prace of Business Mailing Address 2265 S.W. 140TH AVE. 2265 S.W. 140TH AVE. MIAMI FL 33175-7020 MIAM! FL 33174 3. Date Incorporated or Qualified 3a. Date of Last Report 06/19/1996 08/21/1992 4. FEI Number 2a. Mailing Address Applied For 2. Principa! Piace of Business 65-0354564 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country Zφ Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ROQUE, FRANK 2265 SW 140TH AVE. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33175** 83 64 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typest or present name of registered agont and trie if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. PST DELETE Change Addition 1.1 TITLE TITLE ROQUE, FRANK NAME 1.2 NAME 2265 S.W 140TH AVE. 1.3 STREET ADDRESS STREET ADORESS **MIAMI FL 33175** 1.4 CITY - ST - ZIP CHY-ST-ZIE DELETE Change Addition 2.1 TITLE 1011 f ROQUE, FRANK 2.2 NAME 2265 S.W. 140TH AVENUE STREET ADDRESS 23 STREET ADDRESS MIAMI FL 33175 2 4 City-ST-ZIP CHY-S1-709 DELETE Change ___ Addition 31 TITLE DILLE 32 NAME NAMI 3.3 STREET ADDRESS STREET ACIDRESS 34 CITY-ST-ZIP CITY - ST. ZIP Change Addition DELETE 4.1 TITLE Dick 4. 2 NAME NAMI 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CHTY - \$1 - ZOP Change Addition DELETE 5.1 TITLE 1000 5.2 NAME NAM: 5.3 STREET ADDRESS STREET ADDRESS CHY-S1-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE THUS 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do 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 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 combination 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 manged, or so a place ment with an address.

ue

NAME OF SIGNING OFFICER OR DIRECTOR