

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004374 (3)
 1. Corporation Name
GRAN VIA GROUP OF USA INC



Principal Place of Business PENTHOUSE 101 48 E. FLAGLER STREET MIAMI FL 33131	Mailing Address PENTHOUSE 101 48 E. FLAGLER STREET MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/11/1995	4. FEI Number 52-1395392	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. Zip	28. Zip	7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24. Country	29. Country	30. Country		

9. Name and Address of Current Registered Agent LINDENFELD, DANYA 189 E. FLAGLER ST. #1620 MIAMI FL 33131		81. Name	10. Name and Address of New Registered Agent	
		82. Street Address (P.O. Box Number is Not Acceptable)	Foreign Shareholders	
		83.		
		84. City		
		85. Zip Code	FL	

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 typed or printed name of registered agent and fee, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC CHOCRON, SANTOS S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARACAS	1.2 NAME	
STREET ADDRESS	CARACAS	1.3 STREET ADDRESS	
CITY-ST-ZIP	VENEZUELA	1.4 CITY-ST-ZIP	
TITLE	WC LINDENFELD, ABRAHAM C	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARACAS	2.2 NAME	
STREET ADDRESS	CARACAS	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENEZUELA	2.4 CITY-ST-ZIP	
TITLE	SD DE CHOCRON, VOLLETA L	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARACAS	3.2 NAME	
STREET ADDRESS	CARACAS	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENEZUELA	3.4 CITY-ST-ZIP	
TITLE	TD LINDENFELD, MENDEL M	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARACAS	4.2 NAME	
STREET ADDRESS	CARACAS	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENEZUELA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: *Volleta L. de Chocron* Secretary **2/6/98**

CR2E034 (10/97)