

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

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90126 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000004374

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 [] Suite, Apt. #, etc.
 22 [] City & State
 23 [] Zip Country
 24 [] 25 []

2a. Mailing Address
 26 [] Suite, Apt. #, etc.
 27 [] City & State
 28 [] Zip Country
 29 [] 30 []

3. Date Incorporated or Qualified
09/11/1995

4. FEI Number
52-1395392

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**LINDENFELD, DANYA
 169 E. FLAGLER ST. #1620
 MIAMI FL 33131**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 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) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PC	<input type="checkbox"/> DELETE
NAME	CHOCRON, SANTOS S	
STREET ADDRESS	CARACAS	
CITY-ST-ZIP	VENEZUELA	
TITLE	WC	<input type="checkbox"/> DELETE
NAME	LINDENFELD, ABRAHAM C	
STREET ADDRESS	CARACAS	
CITY-ST-ZIP	VENEZUELA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DE CHOCRON, VIOLETA L	
STREET ADDRESS	CARACAS	
CITY-ST-ZIP	VENEZUELA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LINDENFELD, MENDEL M	
STREET ADDRESS	CARACAS	
CITY-ST-ZIP	VENEZUELA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, on an attachment with an address, with all other like empowered.

SIGNATURE: Viola de Chocron Seny 2/12/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)