2004 FOR PROFIT CORPORATION

Feb 25. 2004 08:00 AM

ANNUAL REPORT				Secretary of State			
	MENT # K90523			Sec	retary of	State	
Entity Name NEW GRANADA INVESTMENT PROPERTIES, INC.							
Principal Place	e of Business	Mailing Address					
7490 W FLAG		7490 W FLAGLER ST					
MIAMI, FL 33	3144 US	MIAMI, FL 33144 US					
	<u> </u>		<u> </u>				
DO NOT WRITE IN THIS SPA				01082004	No Chg-P	CR2E034 (10/0	03)
			CE		-		Applied For
	• 1101 1111112			4. FEI Numbe 65-016			Not Applicable
<u> </u>				5. Certificate	of Status Desired	□ \$8.75 Fee Req	Additional
	8. Name and Address of Current R	egistered Agent			r terminasias unidas.	ree neq	
	Of Italia Mile Anna See all advisors						
MCCAUGH	IAN, WILLIAM P. ILD TRADE CENTER		DO	NOT W	RITE		
	H STREET		INI "	THIS SE	MACE		
MIAMI, FL 33130				11.4	i Mið Sr	ACE	
į		· · · · · · · · · · · · · · · · · · ·				was with the same of the	an refer to the control of the said
	named entity submits this statement for ions of registered agent.	the purpose of changing its register	red office or registe	ered agent, or bo	th, in the State of Fi	orida. I am familiar w	vith, and accept
SIGNATURE_	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE Register	ed Agent signature require	d when reinstating)		DATE	. War
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				.00 May Be ded to Fees	U9000 02/25/04	10065783 1-80049-025	150.00
10.	OFFICERS AND D	IRECTORS .					
TITLE NAME	PD PAOLI, DOMINGO						
STREET ADDRESS	7490 W FLAGLER ST		1				
CITY+S1-ZIP	MIAMI, FL	<u> </u>	_{				
TITLE NAME	VD PAOLI, ALBERTO						
STREET ADDRESS	7490 W FLAGLER ST		1				
CITY-ST-ZIP	MIAMI, FL		_				
TITLE	SD PAOLI, DOMINGO, JR.		1				
NAME STREET ADDRESS	7490 W FLAGLER ST		l	D0	NIOT IN	OITE	
CITY+ST+ZIP	MIAMI, FL		<u>.</u>]	טע	NOT W	/NIIE	
TITLE	TD			IN .	THIS SI	PACE	
NAME STREET ADDRESS	GONZALEZ, OLGA ELENA P 7490 W FLAGLER ST		1				
CITY-\$1-ZIP	MIAMI, FL						
TITLE			1				
NAME STREET ADDRESS							
CITY-ST-ZIP			<u></u>				
TITLE							
NAME			1				

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS