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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000054345

1. Corporation Name GRIEFWORKS, INC.

## Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90051 024 \*\*\*150.00



Principal Place of Business Mailing Address									
9711 SOUTH DIXIE HWY 9711 SOUTH DIXIE HWY   MIAMI FL 33156   MIAMI FL 33156									
MIAMI FL 33136 MIAMI FL 33136						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 08/02/1993			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		A	oplied For
21		26				65-0430347		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22		27				3. Certificate of Status Desired		Fee R	equired
City & State	<b>8</b>	City & State.	<del>,</del>	-	T.,	6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current			
24	25	29	30			Personal Property Tax.		Yes	□No
<u> </u>	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Reg	istered A	gent	———
LIB	AN, THEODORA T		ļ	0'	Name				
	SOUTH DIXIE HWY		i	82	Street Addre	ess (P.O. Box Number is Not Acceptable	3)		
(	MI FL 33156			83					
ļ				84	City		FL	85 Zip	Code
l office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation	of Florida, Such change was	authorized	1 bv 1	the corporatio	oration submits this statement for the put on's board of directors. I hereby accept the	rpose of c he appoint	hanging its ment as re	registered egistered
0.0.0.0.0	Signature, typed or printed name of registered agent								
·				Agent	t signature required		DATE	DIDEOT	200 111 40
12.	OFFICERS AND	D DIRECTORS	13.		t signature required	d when reinstating) ADDITIONS/CHANGES TO OFFIC			
12. TITLE	OFFICERS AND		13.	πE	t signature required			DIRECTO	ORS IN 12
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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, with all other like empowered.