

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

**FILED**

**Jan 21 1997 8:00am  
Secretary of State**



**PROFIT CORPORATION ANNUAL REPORT 1997**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000046585 (2)**

1. Corporation Name:  
**900 S.W. 4 STREET CORP.**



Principal Place of Business: **2414 S.W. 8TH ST. MIAMI FL 33135**  
Mailing Address: **2414 S.W. 8TH ST. MIAMI FL 33135-3004**

3. Date Incorporated or Qualified: **06/15/1995**      3a. Date of Last Report: **02/22/1996**  
4. FEI Number: **65-0632816**      Applied For: **APPLIED FOR**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent:  
**ARAZOZA, COMAS, DE TORRES & FERNANDEZ P.A.  
101 MADEIRA AVE.  
CORAL GABLES FL**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GRANDE, MANUEL A</b>		1.2 NAME
STREET ADDRESS: <b>2720 SW 129TH AVE</b>		1.3 STREET ADDRESS
CITY-ST-ZIP: <b>MIAMI FL 33175</b>		1.4 CITY-ST-ZIP
TITLE: <b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GRANDE, ELIA</b>		2.2 NAME
STREET ADDRESS: <b>2720 SW 129TH AVE</b>		2.3 STREET ADDRESS
CITY-ST-ZIP: <b>MIAMI FL 33175</b>		2.4 CITY-ST-ZIP
TITLE: <b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GRANDE, CARLOS M</b>		3.2 NAME
STREET ADDRESS: <b>1037 ALFONSO</b>		3.3 STREET ADDRESS
CITY-ST-ZIP: <b>CORAL GABLES FL 33148</b>		3.4 CITY-ST-ZIP
TITLE: <b>T</b>	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GRANDE, FRANK</b>		4.2 NAME
STREET ADDRESS: <b>2414 SW 8 ST</b>		4.3 STREET ADDRESS
CITY-ST-ZIP: <b>MIAMI FL 33135</b>		4.4 CITY-ST-ZIP
TITLE: _____	<input type="checkbox"/> DELETE	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: _____	<input type="checkbox"/> DELETE	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

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[Signature]

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 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: **Carlos Grande**      **01-03-97**      **305-642-4621**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)