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Jan 29 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 # P96000041240 (8)

1. Corporation Name
GRS MANAGEMENT OF BROWARD INC.



Principal Place of Business: 7501 SW 138TH COURT MIAMI FL 33183
Mailing Address: 7501 SW 138TH COURT MIAMI FL 33183-3032

3. Date Incorporated or Qualified: 05/14/1996
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 4431 S.W. 64TH AVE	26 4431 S.W. 64TH AVE	65-0682672	Not Applicable
22 Suite, Apt. #, etc. #113	27 Suite, Apt. #, etc. #113	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 City & State DAVIS FLORIDA	28 City & State DAVIS FLORIDA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip 33314	29 Zip 33314	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GISPERT, JOSE M 7501 SW 138TH COURT MIAMI FL 33183	81 Name MARIA BARRETO 82 Street Address (P.O. Box Number is Not Acceptable) 4431 S.W. 64TH AVE 83 84 City DAVIS FL 85 Zip Code 33314

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: *Maria Barreto* MARIA BARRETO 1/13/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD	NAME BARRETO, MARIA	1.1 TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 14038 SW 47TH LANE	CITY-ST-ZIP MIAMI FL 33175	1.2 NAME MARIA BARRETO	
TITLE STD	NAME GISPERT, ANA I	1.3 STREET ADDRESS 14038 SW 47 LN	
STREET ADDRESS 7501 SW 138TH COURT	CITY-ST-ZIP MIAMI FL 33183	1.4 CITY-ST-ZIP MIAMI FL 33175	
TITLE P	NAME GILBERT, JOSEPH	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3900 WOODLAKES BLVD #202	CITY-ST-ZIP LAKE WORTH FL 33467	2.2 NAME	
TITLE VS	NAME GISPERT, JOSE M	2.3 STREET ADDRESS	
STREET ADDRESS 7501 SW 138TH COURT	CITY-ST-ZIP MIAMI FL 33183	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

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: *Maria Barreto* MARIA BARRETO 1/13/97 954 791 4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)