

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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90095 016 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000051407

1. Corporation Name  
GRANDMA'S SHOP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2016 BAY DRIE SUITE 503 MIAMI BEACH FL 33141  
Mailing Address: 2016 BAY DRIE SUITE 503 MIAMI BEACH FL 33141

3. Date Incorporated or Qualified: 06/09/1998  
4. FEI Number: 65-0842055  
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

2. Principal Place of Business: 21 1226 Normandy Drive, Suite, Apt. #, etc. 22 Miami Beach, Fl 33141  
2a. Mailing Address: 26 P.O. Box 414216, Suite, Apt. #, etc. 27 Miami Beach, Fl 33141-0216  
23 City & State: Miami Beach, Fl  
24 Zip: 33141, Country: USA  
25 Country: USA, 29 Zip: 33141-0216, 30 Country: USA

9. Name and Address of Current Registered Agent  
AGUILAR, HERBERTH  
2016 BAY DRIE  
SUITE 503  
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent  
81 Name: Aguilar, Herberth  
82 Street Address (P.O. Box Number is Not Acceptable): 2016 Bay Drive  
83 #503  
84 City: Miami Beach, FL 85 Zip Code: 33141

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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: [Signature] DATE: 4/19/99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	AGILAR, HERBERTH	
STREET ADDRESS	2016 BAY DRIVE #503	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PIZZO, MARTHA	
STREET ADDRESS	2016 BAY DRIVE #503	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AGUILAR, ANDRES	
STREET ADDRESS	2016 BAY DRIVE #503	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSARIO, MARCELO	
STREET ADDRESS	2016 BAY DRIVE #503	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
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, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/19/99 305-237-8072  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Herberth Aguilar

CR2E034.(1.1/98)