FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 21 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000012237 (2)**

1. Corporation Name
GRAN CORPORATION

Principal Place of Business	Mailing Address
1101 BRICKELL AVE STE 401 MIAMI FL 33131	1101 BRICKELL AVE STE 401 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/08/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **65-0392013** ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

ANGULO, FRANCISCO
1101 BRICKELL AVE.
SUITE 401
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Patricio Silva
82 Street Address (P.O. Box Number is Not Acceptable): 1101 BRICKELL AVENUE
83: SUITE 401
84 City: MIAMI FL 85 Zip Code: 33131

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: Patricio Silva . PATRICIO SILVA — 4-13-95
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	DP	1.1 TITLE	D/P	☑ Change ☐ Addition
NAME	SOSA, ALBERTO JR	1.2 NAME	Marina Schlageter de Sosa	
STREET ADDRESS	1101 BRICKELL AVE #401	1.3 STREET ADDRESS	1101 Brickell Avenue, #401	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL. 33131	
TITLE	DS	2.1 TITLE	D/V	☑ Change ☐ Addition
NAME	SOSA, ALBERTO J	2.2 NAME	Alberto Jose Sosa	
STREET ADDRESS	1101 BRICKELL AVE #401	2.3 STREET ADDRESS	1101 Brickell Avenue, #401	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL. 33131	
TITLE	DV	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHLAGETER DE SOSA , MARINA	3.2 NAME		
STREET ADDRESS	1101 BRICKELL AVE #401	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	DV	4.1 TITLE	D/S	☑ Change ☐ Addition
NAME	SOSA, GUILLERMO J	4.2 NAME	Guillermo Jose Sosa	
STREET ADDRESS	1101 BRICKELL AVE #401	4.3 STREET ADDRESS	1101 Brickell Avenue, #401	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL. 33131	
TITLE	T	5.1 TITLE	T	☑ Change ☐ Addition
NAME	DE HOYER, MARINA	5.2 NAME	Adriana Gonzalez	
STREET ADDRESS	1101 BRICKELL AVE., SUITE 401	5.3 STREET ADDRESS	1101 Brickell Avenue, #401	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL. 33131	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Adriana Gonzalez — 4/17/95 — 305-358-7251.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0180000 CP