

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L25169

1. Corporation Name

GRANOFSKY HOLDINGS AMERICA, INC.

Principal Place of Business

Mailing Address

4000 ISLAND BV APT 2202
N. MIAMI BCH FL 33160

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/24/1989

3a. Date of Last Report

03/04/1994

2. Principal Place of Business

2a. Mailing Address

21 2255 GLADES ROAD

26 2255 GLADES ROAD

4. FEI Number

65-0156780

Applied For

Not Applicable

22 Suite, Apt. #, etc.

324A

27 Suite, Apt. #, etc.

324A

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State

BOCA RATON FL

28 City & State

BOCA RATON FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip

33431

Country

U.S.A.

29 Zip

33431

Country

U.S.A.

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TERREMARK CORPORATE AGENTS, INC.
2601 So. Bayshore Dr., 19th Fl.
Miami, Fl. 33133

81 Name

COBER CORPORATE AGENTS, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

2601 So. Bayshore Dr., 19th Fl.

83

84 City Miami

FL

85 Zip Code

33133

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

Richard Grandofsky
Signature, typed or printed name of person appointing or accepting appointment

BERNSTEIN, SECRETARY

(NOTE: Registered Agent signature required when reinstating)

3/28/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	GRANOFSKY, DAVID
STREET ADDRESS	4000 ISLAND BV APT 2202
CITY-ST-ZIP	N MIAMI BCH FL 33160
TITLE	DVP
NAME	GRANOFSKY RICHARD
STREET ADDRESS	4000 ISLAND BV APT 1905
CITY-ST-ZIP	N MIAMI BCH FL 33160
TITLE	DST
NAME	SHAPIRO, LOUISE
STREET ADDRESS	35 LYNCREFT
CITY-ST-ZIP	HAMPSTEAD QUEBEC CA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4118 N.W. 60 CIRCLE
2.4 CITY-ST-ZIP	BOCA RATON FL 33496
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	800001786938
6.4 CITY-ST-ZIP	-04/19/96--01026--005 ***200.00

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)(k), 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:

Richard Grandofsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD GRANDOFSKY

APRIL 9 1996

Date

514 3939292

Office Phone #

56 41-19-96