SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Jul 01 1996 8:00 am
Secretary of State

DOCUMENT # **M37495** **(2)**

1. Corporation Name

GRANADA INSURANCE COMPANY

Principal Place of Business	Mailing Address
C/O CARLOS M. MENCIO 3911 SW 67TH AVE MIAMI FL 33155	C/O CARLOS M MENCIO 3911 SW 67TH AVE MIAMI FL 33155

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)

3. Date Incorporated or Qualified: **08/27/1986**
3a. Date of Last Report: **06/22/1995**
4. FEI Number: **59-2734127** ☐ 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

MENCIO, CARLOS M.
3911 SW 67TH AVE
MIAMI FL 33155

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 _____ DATE
Signature, type or print name of registered agent, and title if applicable (NOTE: Registered Agent's signature required if box(es) checked)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MENCIO, CARLOS M.		12 NAME	
STREET ADDRESS	1358 SW 22ND TERR		13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	DIAZ-PADRON, JUAN		22 NAME	
STREET ADDRESS	1528 CANTORIA AVE		23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	MENCIO, JUAN C		32 NAME	
STREET ADDRESS	1441 BRICKELL AVE		33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	FERIS, MIGUEL E.		42 NAME	
STREET ADDRESS	AVENIDA SARASOTA #23		43 STREET ADDRESS	
CITY-ST-ZIP	SANTO DOMINGO, R.D.		44 CITY-ST-ZIP	
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	HAZIM, JOSE E.		52 NAME	
STREET ADDRESS	1771 S.W. 21 TERR.		53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		54 CITY-ST-ZIP	
TITLE	D	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	ROIG, MIGUEL A.		62 NAME	
STREET ADDRESS	PASEO DE LA PERIODISTA54		63 STREET ADDRESS	
CITY-ST-ZIP	SANTO DOMINGO, R.D.		64 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ JUAN M. DIAZ-PADRON 6-7-96 305-662-9966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #