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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000037085

1. Corporation Name

GRAND MIAMI SERVICES CORP.

Principal Place of Business

122 MINORCA AVENUE
CORAL GABLES FL 33134

Mailing Address

122 MINORCA AVENUE
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1998

4. FEI Number

65-0829798

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 501 Brickell Key Drive

Suite, Apt. #, etc.

22 102

23 Miami, FL

Zip

County

24 33131

25 Miami-Dade

2a. Mailing Address

26 501 Brickell Key Drive

Suite, Apt. #, etc.

27 102

28 Miami, FL

Zip

Country

29 33131

30 Miami-Dade

9. Name and Address of Current Registered Agent

BENITEZ, LEO ESQUIRE
122 MINORCA AVENUE
CORAL GABLES FL 33134

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 submit 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, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETED
NAME SANTIBANEZ, LEE
STREET ADDRESS 888 BRICKELL KEY DRIVE, NO. 303
CITY-ST-ZIP MIAMI FL 33131TITLE ☐ DELETED
NAME KASINSKY, ROBERTO
STREET ADDRESS 2025 NW 102ND AVENUE, SUITE 107
CITY-ST-ZIP MIAMI FL 33172TITLE ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lee Santibanez

4-1-99

Date

305-358-4833

Daytime Phone #

CR2E034 (1/98)