

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

'95 APR 27 PM 3: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 149983 (9)

1. Corporation Name
AMERTEC-GRANADA, INC.

| | |
|---|---|
| Principal Place of Business 7007 N. WATERWAY DR. MIAMI FL 33155 | Mailing Address 7007 N. WATERWAY DR. MIAMI FL 33155 |
|---|---|

DO NOT WRITE IN THIS SPACE.

| | |
|--|--|
| 3. Date Incorporated or Qualified 02/03/1947 | 3a. Date of Last Report 03/17/1994 |
|--|--|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
|--------------------------------|---------------------|

| | |
|---------------------|---------------------|
| 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| 22 | 27 |
| City & State | City & State |

| | |
|--------------|--------------|
| 23 | 28 |
| City & State | City & State |

| | | | |
|-----|--------|-----|--------|
| 24 | 25 | 29 | 30 |
| Zip | County | Zip | County |

| | |
|------------------------------------|--|
| 4. FEI Number 59-0567373 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

| | |
|---|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|------------------------------------|

| |
|---|
| 8. This corporation has liability or intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPARBER, BYRON
3000 MIAMI CENTER
100 CHOPIN PLAZA
MIAMI FL 33131**

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 FEI # applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-----------------|-------------------------------|
| TITLE | V |
| NAME | FRANK, ERIC |
| STREET ADDRESS | 11740 S. W. 69TH COURT |
| CITY - ST - ZIP | MIAMI FL |

| | |
|--------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |

| | |
|-----------------|------------------------------|
| TITLE | P |
| NAME | FRANK, CHAYO |
| STREET ADDRESS | 4895 S.W. 88TH STREET |
| CITY - ST - ZIP | MIAMI FL |

| | |
|--------------------|---|
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |

| | |
|-----------------|-------------------------------|
| TITLE | T |
| NAME | FRANK, BLANCHE |
| STREET ADDRESS | 11740 S. W. 69TH COURT |
| CITY - ST - ZIP | MIAMI FL |

| | |
|--------------------|---|
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |

| | |
|-----------------|--------------------------|
| TITLE | S |
| NAME | FRANK, LORIN |
| STREET ADDRESS | 4007 KUMQUAT AVE. |
| CITY - ST - ZIP | COCONUT GROVE FL |

| | |
|--------------------|---|
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |

| | |
|-----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|--------------------|---|
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |

| | |
|-----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|--------------------|---|
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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)(b), 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: *[Handwritten Signature]* **3/29/95** **305**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR DATE (Maximum 1000)