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

APPROVED AND FILED
1996 JUL 22 AM 11: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000001560 (0)

1. Corporation Name

GRAND CAYMAN HOLDINGS LIMITED, INC.

Principal Place of Business	Mailing Address
757 S.E. 17TH STREET, STE 721 FORT LAUDERDALE FL 33316	757 S.E. 17TH STREET, STE 721 FORT LAUDERDALE FL 33316

3. Date Incorporated or Qualified: 03/31/1995
3a. Date of Last Report:

2. Principal Place of Business — 21 / Suite, Apt # etc 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt #, etc 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: 65-0572176 ☐ 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**

HAYES SR, WARREN D
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

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

500001157124?5
-07/23/96--01134--002
****200.00 ****200.00

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 ______

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	SCHNURR, MARK A	
STREET ADDRESS	7169 WEST PHILLIPS AVENUE	
CITY-ST-ZIP	LITTLETON CO	
TITLE	V	☐ DELETE
NAME	VALENTI, ALAN T	
STREET ADDRESS	9691 S. BEACON HILL DRIVE	
CITY-ST-ZIP	HIGHLANDS RANCH CO	
TITLE	AS	☐ DELETE
NAME	MAASS, ROBB R	
STREET ADDRESS	225 MONTEREY ROAD	
CITY-ST-ZIP	PALM BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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	500001157124?5	☐ Change ☐ Addition
2.2 NAME	-07/23/96--01134--003	
2.3 STREET ADDRESS	*****25.00 *****25.00	
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	S	☐ Change ☒ Addition
4.2 NAME	CAMPBELL SECRETARIES LIMITED	
4.3 STREET ADDRESS	Bank of Nova Scotia Building	
4.4 CITY-ST-ZIP	George Town, Grand Cayman	
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	SCC 7-22-96	

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

SIGNATURE: [signature] 7/2/96 (407) 659-1770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBB R. MAASS, ASSISTANT SECRETARY