

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H65849 (2)

1. Corporation Name

GRAM INVESTMENT CORPORATION

Principal Place of Business

4747 N. OCEAN DR., #221
235
FORT LAUDERDALE FL 33308
US

Mailing Address

4747 N. OCEAN DR., #221
235
FORT LAUDERDALE FL 33308
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/11/1985

3a. Date of Last Report

02/02/1995

4. FEI Number

65-0125540

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

10. Name and Address of New Registered Agent

URTEAGA, ANIBAL
4747 N OCEAN DR #221
SUITE #508
FORT LAUDERDALE FL 33308

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME URTEAGA, GONZALO
STREET ADDRESS 4747 N. OCEAN BLVD. #221
CITY-STATE-ZIP FORT LAUDERDALE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME URTEAGA, GONZALO R.
STREET ADDRESS 4747 N. OCEAN BLVD. #221
CITY-STATE-ZIP FORT LAUDERDALE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE SD ☐ DELETE
NAME URTEAGA, MAGALY
STREET ADDRESS 4747 N. OCEAN BLVD. #221
CITY-STATE-ZIP FORT LAUDERDALE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME NAVARRO-GRAU, MAGALY U.
STREET ADDRESS 4747 N. OCEAN BLVD. #221
CITY-STATE-ZIP FORT LAUDERDALE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE TD ☐ DELETE
NAME URTEAGA, ANIBAL
STREET ADDRESS 4747 N. OCEAN BLVD. #221
CITY-STATE-ZIP FORT LAUDERDALE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME URTEAGA, JUAN CARLOS
STREET ADDRESS 4747 N. OCEAN BLVD. #221
CITY-STATE-ZIP FORT LAUDERDALE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GONZALO URTEAGA

4/8/96 305-942-9953

Date Daytime Phone #

CR2E034 (12/95)