

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 06, 1999 8:00 am  
Secretary of State

03-06-1999 90028 040 \*\*\*150.00

DOCUMENT # H65849

1. Corporation Name

GRAM INVESTMENT CORPORATION

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1985

4. FEI Number

65-0125540

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

URTEAGA, ANIBAL  
4747 N. OCEAN DR. #235  
SUITE #506  
FORT LAUDERDALE FL 33308

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME URTEAGA, GONZALO  
STREET ADDRESS 4747 N. OCEAN BLVD. #235  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE D ☐ DELETE

NAME URTEAGA, GONZALO R.  
STREET ADDRESS 4747 N. OCEAN BLVD. #235  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE SD ☐ DELETE

NAME URTEAGA, MAGALY  
STREET ADDRESS 4747 N. OCEAN BLVD. #235  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE D ☐ DELETE

NAME NAVARRO-GRAU, MAGALY U.  
STREET ADDRESS 4747 N. OCEAN BLVD. #235  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE TD ☐ DELETE

NAME URTEAGA, ANIBAL  
STREET ADDRESS 4747 N. OCEAN BLVD. #235  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE D ☐ DELETE

NAME URTEAGA, JUAN CARLOS  
STREET ADDRESS 4747 N. OCEAN BLVD. #235  
CITY-ST-ZIP FORT LAUDERDALE FL

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

GONZALO URTEAGA

2/10/99

Date

011-511221-0829

Daytime Phone #

0229

CR2E034 (11/98)

0286483