

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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
 95 FEB 21 AM 9:12

CORPORATION  
 ANNUAL REPORT  
 1995



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

**DOCUMENT # H73352 (7)**  
 1. Corporation Name  
**GRAVOISE MANAGEMENT CORP.**

Principal Place of Business Mailing Address  
 6915 RED ROAD #211 6915 RED ROAD #211  
 CORAL GABLES FL 33143-3654 CORAL GABLES FL 33143-3654

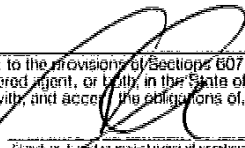
DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/27/1985	02/21/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2584337	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	<input type="checkbox"/>
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**KROHN, SUZAN G.**  
 6915 RED RD., SUITE 211  
 CORAL GABLES FL 33143


81 Name **CHARLES J. VALENTI JR.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**6915 RED ROAD**  
 83 **SUITE 211**  
 84 City **CORAL GABLES** FL 85 Zip Code **33143**

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:  **CHARLES J. VALENTI, JR. Secretary/Treasurer** 2/14/95  
Signature, Title or printed name of registered agent and date of appointment (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JAMES W.	1.2 NAME	
STREET ADDRESS	6915 RED ROAD #211	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTI, FRANK J.	2.2 NAME	
STREET ADDRESS	6915 RED ROAD #211	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTI, CHARLES, JR	3.2 NAME	
STREET ADDRESS	6915 RED ROAD #211	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE TCHON, ROBERT S	4.2 NAME	
STREET ADDRESS	6915 RED ROAD 211	4.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(d), 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 the attachment with an address.

SIGNATURE:  **James Johnson, President** 2/16/95 (305) 284-9966  
Signature and typed or printed name of signing officer or director Date (Initial/Phone #)