

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

FILED

Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J98871 (3)

1. Corporation Name
GRANADOS MANAGEMENT COMPANY

Principal Place of Business 5481 N. STATE RD. 7 TAMARAC FL 33319	Mailing Address 5481 N. STATE RD. 7 TAMARAC FL 33319-2954
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 10/21/1987	3a. Date of Last Report 03/07/1996
4. FEI Number 65-0019935	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 for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GRANADOS, FELIX SR.
5481 N. STATE RD. SEVEN
TAMARAC FL 33319**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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 _____ DATE _____
S. is the typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	GRANADOS, FELIX SR.	
STREET ADDRESS	5481 N. STATE RD. SEVEN	
CITY-ST-ZIP	TAMARAC FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GRANADOS, FELIX JR.	
STREET ADDRESS	5481 N. STATE RD. SEVEN	
CITY-ST-ZIP	TAMARAC FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRANADOS, MARIA	
STREET ADDRESS	5481 N. STATE RD. SEVEN	
CITY-ST-ZIP	TAMARAC FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GRANADOS, ROBERTO	
STREET ADDRESS	5481 N. STATE RD. SEVEN	
CITY-ST-ZIP	TAMARAC FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GRANADOS, CARLOS	
STREET ADDRESS	5481 N. STATE RD. SEVEN	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WARREN, STEPHEN R	
STREET ADDRESS	5481 N. STATE ROAD SEVEN	
CITY-ST-ZIP	TAMARAC FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 officer 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: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)