

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

**FILED**  
**Mar 10 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J98871 (3)**  
 1. Corporation Name  
**GRANADOS MANAGEMENT COMPANY**



Principal Place of Business <b>5481 N. STATE RD. 7 TAMARAC FL 33319</b>	Mailing Address <b>5481 N. STATE RD. 7 TAMARAC FL 33319</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/21/1987</b>	
21 Suite, Apt #, etc.	22 City & State	26 Suite, Apt #, etc.	27 City & State	4. FEI Number <b>65-0019935</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GRANADOS, FELIX SR. 5481 N. STATE RD. SEVEN TAMARAC FL 33319</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRANADOS, FELIX SR.</b>	1.2 NAME	
STREET ADDRESS	<b>5481 N. STATE RD. SEVEN</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRANADOS, FELIX JR.</b>	2.2 NAME	
STREET ADDRESS	<b>5481 N. STATE RD. SEVEN</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRANADOS, MARIA</b>	3.2 NAME	
STREET ADDRESS	<b>5481 N. STATE RD. SEVEN</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRANADOS, ROBERTO</b>	4.2 NAME	
STREET ADDRESS	<b>5481 N. STATE RD. SEVEN</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRANADOS, CARLOS</b>	5.2 NAME	
STREET ADDRESS	<b>5481 N. STATE RD. SEVEN</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARREN, STEPHEN R</b>	6.2 NAME	
STREET ADDRESS	<b>5481 N. STATE ROAD SEVEN</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL</b>	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.

**SIGNATURE:** \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # **6291018**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)