

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K35996** (3)

1. Corporation Name

GRAYSON BUSINESS COMMUNICATIONS, INC.



Principal Place of Business

**11421 S. DIXIE HWY
MIAMI FL 33156
US**

Mailing Address

**4921 PONCE-DE-LEON-
MIAMI FL 33146
US**

3. Date Incorporated or Qualified
10/03/1988

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

5750 TURIN - # 204

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

4. FEI Number
65-0074012

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

9. Name and Address of Current Registered Agent

**GRAYSON, S.A.
4921 PONCE-DE-LEON-
MIAMI FL 33146**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5750 TURIN - # 204

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 a list of shareholders)

(Typed Name of Registered Agent Signature required when establishing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**DPST
GRAYSON, S.A.
4921 PONCE-DE-LEON-
MIAMI FL**

TITLE ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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5750 TURIN - # 204

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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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Display or Phone #

4-9-96 305-661-8901

CR2E034 (12/95)