

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K73619** (4)

1. Corporation Name

GRAJAMPITH'S, INC.



Principal Place of Business

**1005 KANE CONCOURSE
SUITE 211
BAY HARBOR ISLAND FL 33154**

Mailing Address

**1005 KANE CONCOURSE
SUITE 211
BAY HARBOR ISLAND FL 33154**

3. Date Incorporated or Qualified
03/17/1989

3a. Date of Last Report
04/25/1995

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

4. FEI Number

65-0107067

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

**GIACOMO, SALAMONE
1177 KANE CONCOURSE
1060 98TH STREET, APT 22
BAY ARBOR ISLAND, FL 33154**

10. Name and Address of New Registered Agent

81 Name

GIACOMO SALAMONE

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

431 GOLDEN ISLES DR. #4E

83

84 City

HALLANDALE

FL

85 Zip Code

33009

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 individual or corporation

Signature typed or printed name of individual or corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE

DP

☐ DELETE

NAME

~~SALAMONE, GIACOMO~~

SALAMONE Giacomo

STREET ADDRESS

~~4001 SOUTH OCEAN DR~~

431 GOLDEN ISL DR

CITY - ST - ZIP

~~HOLLYWOOD FL~~

#4E HALLANDALE, FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Giacomo Salamone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 1995
DATE

CR2E034 (12/95)