

FILE NOW: FILING FEE AFTER MAY 1 IS \$325.00

CORPORATION  
ANNUAL REPORT

~~1994~~ 1995



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1995 APR -6 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name  
**GRANDE BANANA, INC.**

DOCUMENT #  
**K74781 (1)**

Mailing Address  
**C/O NOVELTY PLACE  
1455 N. W. 107TH AVENUE, #990  
MIAMI FL 33172**

Principal Place of Business  
**C/O NOVELTY PLACE  
1455 N. W. 107TH AVENUE, #990  
MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                  |                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>03/23/1989</b>                                                                                           | 3a. Date of Last Report<br><b>07/21/1993</b>                                    |
| 4. FBI Number<br><b>65-0111439</b>                                                                                                               | Applied For<br><input type="checkbox"/> Not Applicable                          |
| 5. Certificate of Status Desired<br><b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>                                               | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |
| 7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>                                                                      | <b>\$5.00 May Be Added to Fees</b>                                              |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                 |

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

|                                                                                         |                                                                                                      |            |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------|
| 2. Mailing Address<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Principal Place of Business<br>25 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 30 Country |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------|

9. Name and Address of Current Registered Agent

**FAJARDO, ALVARO  
C/O NOVELTY PLACE  
1455 N. W. 107 AVENUE #990  
MIAMI FL 33172**

10. Name and Address of New Registered Agent

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | FL          |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                     | 13. CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------|---------------------------------------------|--|
| 1.1 TITLE                  | P                   | 1.1 TITLE                                   |  |
| 1.2 NAME                   | FAJARDO, ALVARO     | 1.2 NAME                                    |  |
| 1.3 STREET ADDRESS         | 10225 N.W. 58TH ST. | 1.3 STREET ADDRESS                          |  |
| 1.4 CITY - ST - ZIP        | MIAMI FL 33178      | 1.4 CITY - ST - ZIP                         |  |
| 2.1 TITLE                  | S/T                 | 2.1 TITLE                                   |  |
| 2.2 NAME                   | FAJARDO, WILLIAM    | 2.2 NAME                                    |  |
| 2.3 STREET ADDRESS         | 10225 N.W. 58TH ST. | 2.3 STREET ADDRESS                          |  |
| 2.4 CITY - ST - ZIP        | MIAMI FL 33178      | 2.4 CITY - ST - ZIP                         |  |
| 3.1 TITLE                  |                     | 3.1 TITLE                                   |  |
| 3.2 NAME                   |                     | 3.2 NAME                                    |  |
| 3.3 STREET ADDRESS         |                     | 3.3 STREET ADDRESS                          |  |
| 3.4 CITY - ST - ZIP        |                     | 3.4 CITY - ST - ZIP                         |  |
| 4.1 TITLE                  |                     | 4.1 TITLE                                   |  |
| 4.2 NAME                   |                     | 4.2 NAME                                    |  |
| 4.3 STREET ADDRESS         |                     | 4.3 STREET ADDRESS                          |  |
| 4.4 CITY - ST - ZIP        |                     | 4.4 CITY - ST - ZIP                         |  |
| 5.1 TITLE                  |                     | 5.1 TITLE                                   |  |
| 5.2 NAME                   |                     | 5.2 NAME                                    |  |
| 5.3 STREET ADDRESS         |                     | 5.3 STREET ADDRESS                          |  |
| 5.4 CITY - ST - ZIP        |                     | 5.4 CITY - ST - ZIP                         |  |
| 6.1 TITLE                  |                     | 6.1 TITLE                                   |  |
| 6.2 NAME                   |                     | 6.2 NAME                                    |  |
| 6.3 STREET ADDRESS         |                     | 6.3 STREET ADDRESS                          |  |
| 6.4 CITY - ST - ZIP        |                     | 6.4 CITY - ST - ZIP                         |  |

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-04/07/95--01111--005  
\*\*\*\*200.00 \*\*\*\*200.00

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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, unpermitted to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

3-28-95 305-182762