

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL 14 AM 11:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K78204

(0)

1. Corporation Name

R AND R GRAND, INC.

Principal Place of Business

2415 MAGNOLIA DRIVE
NORTH MIAMI FL 33181

Mailing Address

2415 MAGNOLIA DRIVE
NORTH MIAMI FL 33181

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/06/1989

3a. Date of Last Report

04/25/1994

4. FEI Number

65-0113705

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 interjurisdictional tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERNANDEZ, SOLEDAD
1671 W 37 ST
S-3
HIALEAH FL 33012

81 Name

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

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

Carmen Suarez Mederos

7/10/95

DATE

Signature, hand or printed name of registered agent and to a corporation

(NOTE: Registered Agent signature required when reinstating)

12.

OFFICERS AND DIRECTORS

13.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
TITLE
NAME
STREET ADDRESS
CITY ST ZIP
TITLE
NAME
STREET ADDRESS
CITY ST ZIP
TITLE
NAME
STREET ADDRESS
CITY ST ZIP
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NAME
STREET ADDRESS
CITY ST ZIP
TITLE
NAME
STREET ADDRESS
CITY ST ZIP
TITLE
NAME
STREET ADDRESS
CITY ST ZIP

PST
SUAREZ-MEDEROS, CARMEN
2415 MAGNOLIA DRIVE
N. MIAMI FL
VD
SUAREZ-MEDEROS, CARMEN
2415 MAGNOLIA DRIVE
N. MIAMI FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition
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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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carmen Suarez Mederos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/95

DATE

305-821-7614

Signature Name