

FILE NOW: FILING FEE IS \$61.25

FILED  
May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000153 (6)**

1. Corporation Name

**GRACES OF AMERICA, INC.**



Principal Place of Business <b>6601 SW 137TH COURT-STE. A MIAMI FL 33183</b>	Mailing Address <b>6601 SW 137TH COURT-STE. A MIAMI FL 33183-2267</b>
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3. Date Incorporated or Qualified <b>01/03/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0458761</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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9. Name and Address of Current Registered Agent <b>MANTILLA, GILBERTO 6601 SW 137TH COURT-STE. A MIAMI FL 33183</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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11. Pursuant to the provisions of 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MANTILLA, GILBERTO L	1.2 NAME	OGDEN, IRMA
STREET ADDRESS	6601 S.W. 137TH CRT. STE. A	1.3 STREET ADDRESS	2150 SANS SOUS BLVD. APT. A-903
CITY-ST-ZIP	MIAMI FL 33183	1.4 CITY-ST-ZIP	MIAMI-FL 33181
TITLE	VSD	2.1 TITLE	VSD
NAME	OGDEN, IRMA	2.2 NAME	MANTILLA, GILBERTO
STREET ADDRESS	2150 SANS SOUS BLVD APT A-903	2.3 STREET ADDRESS	6601 SW 137 CT STE A
CITY-ST-ZIP	N MIAMI FL 33181	2.4 CITY-ST-ZIP	MIAMI, FL 33183
TITLE	TD	3.1 TITLE	TD
NAME	AGREDA, TARCILA B	3.2 NAME	SAME
STREET ADDRESS	6601 S.W. 137TH CRT. STE. A	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D
NAME	SARA KELLY	4.2 NAME	SAME
STREET ADDRESS	6601 SW 137 CT. STE 2	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	C
NAME	DIAZ-PADRON, LUISA	5.2 NAME	VARGAS-ALFARO, LORENZO
STREET ADDRESS	3537 NW 6 ST.	5.3 STREET ADDRESS	6601 SW 137 CT STE A
CITY-ST-ZIP	MIAMI FL 33135	5.4 CITY-ST-ZIP	MIAMI, FL 33183
TITLE	D	6.1 TITLE	C
NAME	SANDOR TERNIYIK	6.2 NAME	CARLOS MORENO
STREET ADDRESS	119 CIBAO CT. SUITE -2	6.3 STREET ADDRESS	6601 SW 137 CT STE A
CITY-ST-ZIP	MIAMI FL 33134	6.4 CITY-ST-ZIP	MIAMI, FL 33183

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 as changed, or on an attachment with an address.

SIGNATURE **MANTILLA GILBERTO** 4 22 97/305446-5531

CR2E037 (9/96)