FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 12:44

DOCUMENT # P92000010414 (0)

1. Corporation Name
GRACE SERVICES & ENTERPRISES INC.

Principal Place of Business	Mailing Address
% EDIR R. GONCALVES 7938 WEST DRIVE, SUITE 4 MIAMI FL 33141	% EDIR R. GONCALVES 7938 WEST DRIVE, SUITE 4 MIAMI FL 33141

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/07/1992	3a. Date of Last Report: 02/23/1994
4. FEI Number: 65-0378268	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 750 NE 64 Street	26 750 NE 64 street
Suite, Apt. #, etc. 22 Suite #B101	Suite, Apt. #, etc. 27 Suite # B101
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip / Country 24 33138 / 25 USA	Zip / Country 29 33138 / 30 USA

9. Name and Address of Current Registered Agent

GONCLAVES, EDIR R
7938 WEST DRIVE
SUITE 4
MIAMI FL 33141

10. Name and Address of New Registered Agent

81 Name: Wleidia Viana Goncalves
82 Street Address (P.O. Box Number is Not Acceptable): 750 NE 64 St #B101
83
84 City: Miami FL 85 Zip Code: 33138

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] Wleidia Viana Goncalves 2/6/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	GONCALVES, EDIR R	1.2 NAME	
STREET ADDRESS	7938 WEST DRIVE, #4	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33141	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	GONCALVES, WLEIDIA V	2.2 NAME	
STREET ADDRESS	7938 WEST DRIVE, #4	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33141	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to the report with an address.

SIGNATURE: [signature] Edir R. Goncalves 2/6/95 757-0053
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0160058 CP