

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90009 009 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P92000012551
1. Corporation Name
GRAND CANAL CORPORATION

Principal Place of Business
300 ARAGON
SUITE 205
CORAL GABLES FL 33134

Mailing Address
300 ARAGON
SUITE 205
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
12/17/1992

4. FEI Number
65-0379434

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 owes the current year
Intangible Personal Property.
Yes No

9. Name and Address of Current Registered Agent
CAINZOS, ROGELIO
300 ARAGON
SUITE 205
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	RODRIGUEZ, EVARISTO	
STREET ADDRESS	1000 N PARTON UNIT A	
CITY-ST-ZIP	SANTA ANA CA 92701	
TITLE	S	DELETE
NAME	PASCUAL, VIRGINIA	
STREET ADDRESS	2307 NORTH TOWNER	
CITY-ST-ZIP	SANTA ANA CA	
TITLE	T	DELETE
NAME	PASCUAL, PETER R.	
STREET ADDRESS	2307 NORTH TOWNER	
CITY-ST-ZIP	SANTA ANA CA	
TITLE	VP	DELETE
NAME	RODRIGUEZ, VICENTE	
STREET ADDRESS	13-115 GRAND CANAL DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED

CR2E034 (5/99)

07/07/99 WED 14:35 FAX 3055599208

OCEAN BANK CORAL WAY

001

7-07-1999
14:31:07

Checking Account Inquiry Next display: 03 20-0700-2
Stop/Hold Information SYD64099S1

Account number: 611246305
Short name: GABLES PROFESSIONAL

593603-90009-9
P92000012551

Exp Date	Ck Date	Serial#	Type	Amount	Name of Payee
Ent Date	Ck# Req	High#	RC ACH/IND	Variance	Reason For Stop
1-02-00	4-06-99	3912	STOP	150.00	DEPARTMENT OF STATE
7-06-99	Y		N	.00	LOST
7-21-99	4-06-99	3913	STOP	150.00	DEPARTMENT OF STATE
7-06-99	Y		N	.00	LOST

F3=Exit F11=Fold/Unfold F13=Inquiry window F15=Restart F17=Subset

TO: Aleida
Gables Professional
From: Duke Sotolongo
Coral Way Branch



GABLES PROFESSIONAL REALTY, INC.

593603-90009-9

8920000/255/

July 6, 1999

Attn: Sylvia Coulliard
Ocean Bank
Via Fax # (305)-559-9208

Re: STOP PAYMENT

Please make stop payments on the following check numbers for **Account # 0606112463-05.**

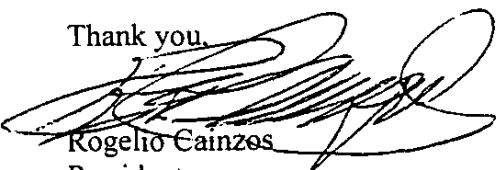
- 1) Date: April 6, 1999
Check #: 3912
Payable to: Department of State
Amount: \$150.00

- 2) Date: April 6, 1999
Check #: 3913
Payable to: Department of State
Amount: \$150.00

If you have any questions or need further information you may reach us at the numbers below.

Please confirm fax by via fax.

Thank you,


Rogelio Cainzos
President
Authorized Signature