

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P92000015207 (3)

1. Corporation Name

MIAMI GRAND CORPORATION



Principal Place of Business

Mailing Address

**300 ARAGON
SUITE 205
CORAL GABLES FL 33134**

**300 ARAGON
SUITE 205
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified
12/30/1992

3a. Date of Last Report
07/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0378083

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CANZOS, ROGELIO
300 ARAGON
SUITE 205
CORAL GABLES FL 33134**

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

Signature of Corporation, its authorized registered agent and the applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

NAME **DP RODRIGUEZ, EVARISTO**
STREET ADDRESS **7705 ABOIT AVE APT 403**
CITY-ST-ZIP **MIAMI BEACH FL**

11 TITLE Change Addition

TITLE DELETE

NAME **DT PASCUAL, PETER R**
STREET ADDRESS **7705 ABOIT AVE APT 406**
CITY-ST-ZIP **MIAMI BEACH FL**

21 TITLE Change Addition

TITLE DELETE

NAME **DS PASCUAL, VIRGINIA**
STREET ADDRESS **7705 ABOIT AVE APT 406**
CITY-ST-ZIP **MIAMI BEACH FL**

31 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE Change Addition

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

SIGNATURE:

X Virginia Pascual **Virginia Pascual** **7/8/94**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Registered Agent

CR2E034 (3/96)