

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 90010 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT



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

1999

DOCUMENT # **P92000015207**

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/30/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0378083	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CAINZOS, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, EVARISTO	1.2 NAME	
STREET ADDRESS	1000 N PARTON UNIT A	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ANA CA 92701	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCUAL, PETER R	2.2 NAME	
STREET ADDRESS	2307 NORTH TOWNER	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ANA CA 92706	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCUAL, VIRGINIA	3.2 NAME	
STREET ADDRESS	2307 NORTH TOWNER	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ANA CA 92706	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)



593681-90010-37
P92000015207

GABLES PROFESSIONAL REALTY, INC.

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.

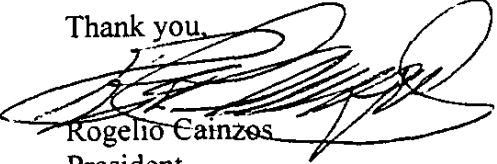
1) Date: April 6, 1999
Check #: 3912
Payable to: Department of State
Amount: \$150.00

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 Canzós
President
Authorized Signature

07/07/99 WED 14:35 FAX 3055599208

OCEAN BANK CORAL WAY

593681-90010-37

P92000015207

001

7-07-1999
14:31:07

Checking Account Inquiry Next display: 03
Stop/Hold Information

20-0700-2
SYD64099S1

Account number: 611246305
Short name: GABLES PROFESSIONA

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