

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000022546 (4)

1. Corporation Name

GRALI REAL ESTATE HOLDING, INC.



Principal Place of Business

Mailing Address

1825 PONCE DE LEON BLVD., SUITE 116
CORAL GABLES FL 33134

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CORAL GABLES FL 33134

3. Date Incorporated or Qualified

03/25/1993

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 1550 Madruga Avenue, #120

4. FLI Number

65-0440468

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Coral Gables, FL

24 Zip

25 Country

29 Zip

30 Country

33146

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEMS
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

Robert M. McClaskey, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

1550 Madruga Avenue, Suite 120

83

84 City

Coral Gables,

FL

85 Zip Code
33146

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

ROBERT M. MCCLASKEY, JR.

(NOTE: Registered Agent signature required when not relating)

DATE

3/18/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME DANESI, FRANCESCO
STREET ADDRESS 1825 PONCE DE LEON BLVD., SUITE 116
CITY-ST-ZIP CORAL GABLES FL 33134

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Robert M. McClaskey, Jr.
1.3 STREET ADDRESS 1550 Madruga Avenue, Suite 120
1.4 CITY-ST-ZIP Coral Gables, FL 33146

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME 300001753793
4.3 STREET ADDRESS -03/22/96--01014--011
4.4 CITY-ST-ZIP ***8.75

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME M.M.
5.3 STREET ADDRESS 3-21-96
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME 100001753791
6.3 STREET ADDRESS -03/22/96--01014--010
6.4 CITY-ST-ZIP ***200.00

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 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

ROBERT M. MCCLASKEY, JR.

DATE

3/18/96

Daytime Phone #

305-661-4600

CR2E034 (12/95)