

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 15 1998 8:00am**  
**Secretary of State**

* PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # P93000037002 (1) 1. Corporation Name <b>G.R. INTERNATIONAL CORP.</b>


Principal Place of Business <b>5935 Turin</b> <b>Coral Gables, Fl. 33146</b>	Mailing Address <b>5935 Turin</b> <b>Coral Gables, Fl. 33146</b>
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2. Principal Place of Business 21 <b>160 Morning Side Drive</b> Suite, Apt #, etc 22 City & State 23 <b>Coral Gables, Fl.</b> Zip Country 24 <b>33133 Dade</b>	2a. Mailing Address 26 <b>160 Morning Side Drive</b> Suite, Apt #, etc 27 City & State 28 <b>Coral Gables, Fl.</b> Zip Country 29 <b>33133 Dade</b>	3. Date Incorporated or Qualified <b>05/21/1993</b>	3a. Date of Last Report <b>4/97</b>
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4. FEl Number <b>65-0412826</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>Guanchez, Virginia</b> <b>5935 Turin</b> <b>Coral Gables, Fl. 33146</b>	10. Name and Address of New Registered Agent 81 Name <b>Guanchez, Virginia</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>160 Morning Side</b> 83 84 City <b>Coral, Gables,</b> <b>FL</b> 85 Zip Code <b>33133</b>
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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  (NON-Registered Agent's signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>P/D</b> <input type="checkbox"/> DELETE NAME <b>Guanchez, Gustavo</b> STREET ADDRESS <b>5935 Turin</b> CITY-ST-ZIP <b>Coral Gables, Fl. 33146</b>	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE <b>S/D</b> <input type="checkbox"/> DELETE NAME <b>Guanchez, Virginia</b> STREET ADDRESS <b>5935 Turin</b> CITY-ST-ZIP <b>Coral Gables, Fl. 33146</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	7.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP	8.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP

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14. I do 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:  DATE: **4/20/98** (305) 557-3663

CP2E034 (9/96)