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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT #         | P93000039475  |
|--------------------|---------------|
| 4 Corneration Name | 1 00000000770 |

| DOCUMENT # P93000039475  1. Corporation Name  GROSCO OF FLORIDA, INC.   |   |  | 99 MAR 15 PH 2:00<br>Section 77.1 or State<br>The Landscope of Order |   |   |  |
|---|---|--|--|---|---|--|
| Principal Plac<br>GRAND BAY R<br>SUITE 212<br>KEY BISCAYNE<br>US  | ESIDENCES - 445 GRAND BAY DRIVE                             | Mailing Address<br>2665 SO. BAYSHORE DRIVE<br>SUITE 1100<br>MIAMI FL 33133 |  | DO NOT WRITE IN THIS  3. Date Incorporated or Qualified  05/27/1002   | S SPACE   |  |
| 2. Principal P<br>21<br>Suite, Apt<br>22<br>City & Stat<br>23   | ·   | 27 2601 So. Ba   | Duran, Esq<br>Suite 1400<br>Yshore DR.                               | 05/27/1993     4. FET Number     65-0148489     5. Certificate of Status Desired [ ]     6. Etection Campaign Financing Trust Fund Contribution [ ] | Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be |  |
| Zip<br>24   | Country  [25]  9. Name and Address of Current  AN ALEDEDO C | 7 <sup>p</sup><br>29 33133 [3  | Country 0 U.S.A.   | 8. This corporation owes the current year in Personal Property Tax  10. Name and Address of New Registered  10. G. Duran                            | []Yes []No  |  |
| STE. #1100, GRAND BAY PLAZA  2665 S. BAYSHORE DR.  MIAMI FL 33133  82 Suite 1  2601 Sc  City  Miam  |   |  |  | ess(P.O. Box Number is Not Acceptable)<br>1400, Terremark Centr<br>So. Bayshore Drive<br>.mi FL   | 85 Zip Code<br>33133  |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above manied 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the objections 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed manie of registered agent and the if applicable. (NOTE, Registered Agent separative registered when resisting). |   |  |  |   |   |  |
| 12.   | OFFICERS AND  |  | 13.  | ADDITIONS/CHANGES TO OFFICERS AN  | NO DIRECTORS IN 12  |  |
| TITLE   | PST   | []] DELETE   | 117016   |   | [ ] Change  |  |
| NAME  | PAVA, ALVARO  |  | 1.2 NAME   |   |   |  |
| STREET ADDRESS  | <b>GRAND BAY RESIDENCES-445</b> (                           | GRAND BAY DR #212  | 1.3 STREET ADDRESS   | 1   |   |  |
| CiTY+ST-ZIP   | KEY BISCAYNE FL   |  | 14 CITY-S1-26  | /   |   |  |
| TITLE   |   | [ ] DELETE   | 21 TITLE   | 00000 <b>2#1</b> 5  | - FtGrow LAddman  |  |
| NAME  |   |  | 2.2 NAME   | -03/1/3/99\-  | 01034011  |  |
| STREET ADDRESS  |   |  | 23 STREET ADDRESS  | *** 1300 .00  | *****150.00   |  |
| CITY-ST-ZIP   |   |  | 2,4 CiTY-\$1-ZiP   | V   |   |  |
| TITLE   |   | [  DELETE  | 317111.6   |   | [ ] Criange [ ] Addition  |  |
| NAME  |   |  | 3 2 NAME   | 000002815   | ก็ที่กิจิ4กรา   |  |
| STREET ADDRESS  |   |  | 3 3 STREET ADDRESS   | ****150.80  | ****150.00  |  |
| CITY-ST-EP<br>TITLE   |   | [ ] DELETE   | 34 C(TY-\$1-2)**   |   |   |  |
| NAME (  |   | LIDEALE  | 4 2 NAME   | F-1   | Change Addition   |  |
| STREET ADDRESS  |   |  | 43STREET ADDRESS   |   | <i>K</i> 1  |  |
| CITY-ST-ZIP   |   |  | 44 City-ST-ZiP   | ( 7   | Ø 1   |  |
| TITLE   |   | E) DELETE  | 5 1 TrTcF  | \ <i>f</i>  | Change [] Addition  |  |
| NAME  |   |  | 5.2 NAME   |   | /   |  |
| STREET ADDRESS  |   |  | 53 STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP   |   |  | 54 C(1Y-S1-Z)P   |   |   |  |
| TITLE   |   | [   DELETE   | 6 1 THLE   |   | [   Change [ ] Addition   |  |
| NAME  |   |  | 62 NAVE  |   |   |  |
| STREET ADDRESS  |   |  | 63 STREET ADDRESS  |   |   |  |

14. I hereby certify that the information supplied with the 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 supplieriefital 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 emporation 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, with all other like empowered.

6 4 CITY-ST-212

SIGNATURE: >

CITY-ST-ZIP

an hufo TYPED OR PAIL TEN NEWE OF SIGNING OFFICER OR DIRECTOR

3/11/99

(305) 859-2696