FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 23 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000045138 (3)

1. Corporation Name
GRANADA ARTS, INC.

Principal Place of Business
90 N BEACH ST
ORMOND BEACH FL 32174

Mailing Address
90 N BEACH ST
ORMOND BEACH FL 32174

3. Date Incorporated or Qualified: 06/25/1993
3a. Date of Last Report: 07/13/1994
4. FEI Number: 59-3191105 ☐ 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. 199.042 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

RODRIGUEZ, MARYROSE
90 N BEACH ST
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent
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 ____________ DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RODRIGUEZ, MARYROSE
STREET ADDRESS	90 N BEACH ST
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	STD
NAME	THOMPSON, SUZANNE B
STREET ADDRESS	12 TWELVE OAKS TRAIL
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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)(i), Florida Statutes. I further certify that the information indicated on the 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: ____________ 5/11/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

0010070 CP

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1995

DOCUMENT # P93000047236 (3)

ISLAND BODY AND SOL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

86729 OLD HIGHWAY
ISLAMORADA FL 33036

86729 OLD HIGHWAY
ISLAMORADA FL 33036

3. 07/06/1993 | 3a. 03/08/1994

4. FEI Number: 65-0429992 | Applied For | Not Applicable

5. $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

21. 86741 OLD Hwy ISLAMORADA FLA33036

26. 86741 OLD Hwy ISLAMORADA FL 33036

22. | 27.

23. ISLAMORADA, FL | 28. ISLAMORADA FL

24. 33036 | 25. MONROE | 29. 33036 | 30. MONROE

9. Name and Address of Current Registered Agent

CULLEN, RUSSELL H
99228 OVERSEAS HWY.
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81. Name

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

83.

84. | 85. FL

11.

12.

DPST
MORTON, JAMES C
83311 OLD HIGHWAY
ISLAMORADA FL 33036

13.

14.

SIGNATURE: James C Morton 5.17.95 305 853 0929

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

0117633 CP