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

... 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000047071 (4)**

1. Corporation Name

GRANADA MANAGEMENT, INC.

Principal Place of Business: 1200 ANASTASIA AVE. CORAL GABLES FL 33134

Mailing Address: ~~% PENINSULA REGISTERED AGENTS, INC. 200 S.E. 1ST ST., PENTHOUSE MIAMI FL 33131~~ Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1993
3a. Date of Last Report: 02/03/1994
4. FEI Number: 65-0423553 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~PENINSULA REGISTERED AGENTS INC. 200 S.E. 1ST ST. MIAMI FL 33131~~
Jim Pelletier
1200 Anastasia Ave
Coral Gables Fl 33134

10. Name and Address of New Registered Agent

81 Name: Jim Pelletier
82 Street Address (P.O. Box Number is Not Acceptable): 1200 Anastasia Avenue
83
84 City: Coral Gables
FL
85 Zip Code: 33134

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] Jim Pelletier 5/1/95

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	PRESCOTT, T. GENE
STREET ADDRESS	1200 ANASTASIA AVE.
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	D
NAME	KAY, ROBERT B
STREET ADDRESS	1200 ANASTASIA AVE.
CITY-ST-ZIP	CORAL GABLES FL 33134
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

		☐ Change ☐ Addition
1 TITLE		
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		

(Repeated for entries 2–6, each with ☐ Change ☐ Addition; all blank.)

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date / Daytime Phone #

0131472 CP