

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 13 AM 9:52

**DOCUMENT # P93000053511 (0)**

1. Corporation Name  
**PARRANDA VENTURES, INC.**

Principal Place of Business      Mailing Address  
**1700 GRANADA BLVD**      **1700 GRANADA BLVD**  
**CORAL GABLES FL 33134**      **CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**07/30/1993**      **01/25/1994**

4. FEI Number      Applied For  
**65-0432644**      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.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent

**SARRIA, FRANCISCO**      81 Name  
**1700 GRANADA BLVD**      82 Street Address (P.O. Box Number is Not Acceptable)  
**CORAL GABLES FL 33134**      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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARRIA, FEDERICO	12 NAME	FRANCISCO SARRIA
STREET ADDRESS	1700 GRANADA BLVD	13 STREET ADDRESS	1700 GRANADA BLVD
CITY, ST, ZIP	CORAL GABLES FL 33134	14 CITY, ST, ZIP	CORAL GABLES, FL 33134
TITLE	DS	21 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARRIA, MARIA DEL C	22 NAME	RICARDO SARRIA
STREET ADDRESS	1700 GRANADA BLVD	23 STREET ADDRESS	1700 GRANADA BLVD
CITY, ST, ZIP	CORAL GABLES FL 33134	24 CITY, ST, ZIP	CORAL GABLES, FL 33134
TITLE	V	31 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARRIA, FRANCISCO	32 NAME	FEDERICO SARRIA
STREET ADDRESS	1700 GRANADA BLVD	33 STREET ADDRESS	1700 GRANADA BLVD
CITY, ST, ZIP	CORAL GABLES FL 33134	34 CITY, ST, ZIP	CORAL GABLES, FL 33134
TITLE	T	41 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARRIA, RICARDO	42 NAME	MARIA DEL CARMEN MARIA
STREET ADDRESS	1700 GRANADA BLVD	43 STREET ADDRESS	1700 GRANADA BLVD
CITY, ST, ZIP	CORAL GABLES FL 33134	44 CITY, ST, ZIP	CORAL GABLES, FL 33134
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I am not guilty for the exemption provided in Section 111 (07600) Florida Statutes. I further certify that the information included 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. 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 or change of on an attachment with an address.

SIGNATURE: \_\_\_\_\_ **President**      1/7/95      (305) 441-1212

\_\_\_\_\_  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR