


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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000054333 (8)**

1. Corporation Name

THOMAS GREG & SONS, INC.



Principal Place of Business 16290 NW 13TH AVE. MIAMI FL 33169	Mailing Address 16290 NW 13TH AVE. MIAMI FL 33169
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/26/1993	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 65-0429337	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27	29 City & State	30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BRICKELL REGISTERED AGENTS, INC. 1395 BRICKELL AVE THIRD FLOOR MIAMI FL 33131				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VP/sec <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. CHARLES GOODSON-WICKES MP	1.2 NAME	Oscar Sanchez
STREET ADDRESS	FLAT 23 37 ST. JAMES PLACE	1.3 STREET ADDRESS	16290 NW 13th Ave
CITY-ST-ZIP	LONDON SW1 1NS EN	1.4 CITY-ST-ZIP	Miami FL 33169
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VP/sales <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAUTISTA, FELIPE	2.2 NAME	Jonathan McManus
STREET ADDRESS	CARRERA SEXRA NO 3444	2.3 STREET ADDRESS	16290 NW 13th Ave.
CITY-ST-ZIP	BOGOTA COLOMBIA	2.4 CITY-ST-ZIP	Miami FL 33169
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN SUMMERHAYES	3.2 NAME	
STREET ADDRESS	AVENIDA DE LAS AMERICAS NO. 44-57	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTAFE DE BOGOTA CO	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

Oscar Sanchez

3/19/98

626-9100

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