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May 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P93000060325

1. Corporation Name
GROBER & VERTIZ, INC.

Principal Place of Business / Mailing Address
DADE COUNTY, FLORIDA 1101 BRICKELL AVE
SUITE # 400
MIAMI, FL. 33131

3. Date Incorporated or Qualified: AUGUST 27, 1993
3a. Date of Last Report:

2. Principal Place of Business
21 1101 BRICKELL AVENUE
Suite, Apt. #, etc.
22 #400
City & State
23 MIAMI, FL.
Zip / Country
24 / 25

2a. Mailing Address
26 1865 79th Street Cswy
Suite, Apt. #, etc.
27 2-N
City & State
28 MIAMI, FL.
Zip / Country
29 33141 / 30

4. FEI Number: 65-0444871 ☐ 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

9. Name and Address of Current Registered Agent

STEPHEN R. RAPPORT
201 ALHAMBRA CIRCLE
CORAL GABLES, FL. 33134

10. Name and Address of New Registered Agent

81 Name: GARY TEPERMAN
82 Street Address (P.O. Box Number is Not Acceptable): 55 WESTON RD. 302
83
84 City: FT. LAUDERDALE, FL 85 Zip Code: 33322

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 (Both Registered Agent signatures required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT / DIRECTOR PEDRO EMILIO UZCATEGUI 201 ALHAMBRA CIRCLE CORAL CABLE, FL. 33134	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DIRECTOR RAFAEL SARRIA #302 55 WESTON RD FT LAUD. FL 33326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY CARLOS E. SANTELLA	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	SECRETARY JORGE MARTINEZ #302 55 WESTON RD FT LAUD FL 33326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	TREASURER MIREYA HILDAGO #302 55 WESTON RD FT LAUD FL 33326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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14. I do 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: _____ NAME OF SIGNING OFFICER OR DIRECTOR 4/24/97 (305)8677762
Date Daytime Phone #