**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 -1 AM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000005981 (3)**

1. Corporation Name
**GRAZIE DESIGNS, INC.**

DO NOT WRITE IN THIS SPACE.

| Principal Place of Business | Mailing Address |
|---|---|
| 5781 ELLIS HOLLOW RD.<br>LAKE WORTH FL 33463 | 5781 ELLIS HOLLOW RD.<br>LAKE WORTH FL 33463 |

3. Date Incorporated or Qualified: 01/10/1994
3a. Date of Last Report: N/a

2. Principal Place of Business
21 1084 NE 43rd. Street
Suite, Apt. #, etc. 22
City & State 23 OAKLAND PK, FLA, BROWARD
Zip 24 33334 County 25 BROWARD

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

4. FEI Number: 65-0269639 ☐ 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. 100.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WHALEN, TIMOTHY L
400 AUSTRALIAN AVENUE SOUTH
SUITE 880
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: JOSEPH R. CASACCI, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 305 SE 18th Ct
83
84 City: FT. LAUDERDALE FL 85 Zip Code: 33316

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: Joseph R. Casacci DATE: 4/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 1.1 TITLE | D AND O | ☒ Change ☒ Addition |
| NAME | ALVAREZ, MARIAELENA | 1.2 NAME | ALVAREZ, MARIAELENA | |
| STREET ADDRESS | 5781 ELLIS HOLLOW RD. | 1.3 STREET ADDRESS | 1084 NE 43rd STREET | |
| CITY-ST-ZIP | LAKE WORTH FL 33462 | 1.4 CITY-ST-ZIP | OAKLAND PARK, FLORIDA 33334 | |
| TITLE | D | 2.1 TITLE | D AND O | ☒ Change ☒ Addition |
| NAME | ALVAREZ, GERARDO A | 2.2 NAME | ALVAREZ, GERARDO A. | |
| STREET ADDRESS | 5781 ELLIS HOLLOW RD. | 2.3 STREET ADDRESS | 1084 NE 43rd STREET | |
| CITY-ST-ZIP | LAKE WORTH FL 33462 | 2.4 CITY-ST-ZIP | OAKLAND PARK, FLORIDA 33334 | |
| TITLE | | 3.1 TITLE | D AND O | ☐ Change ☒ Addition |
| NAME | | 3.2 NAME | ROSS J. GRECO | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 1084 NE 43rd STREET | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | OAKLAND PARK, FL 33334 | |
| TITLE | | 4.1 TITLE | D AND O | ☐ Change ☒ Addition |
| NAME | | 4.2 NAME | ANGELA GRECO | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 1084 NE 43rd STREET | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | OAKLAND PARK, FL 33334 | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 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)(k), 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:** Angela Greco ANGELA GRECO, TREAS/SECR. 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone # 305-563-6322

08/2/95 CP