


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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90106 042 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000025976					
1. Corporation Name G.R.G.S. CORP.					
Principal Place of Business 380 SW 4TH ST #9 MIAMI FL 33130			Mailing Address 380 SW 4TH ST #9 MIAMI FL 33130		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/04/1994	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0477899	
City & State 23		City & State 28		Applied For <input type="checkbox"/> Not Applicable	
Zip 24		Country 25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 29		Country 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SOCARRAS, RICHARD 380 SW 4TH ST #9 MIAMI FL 33130			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					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	SPCARRAS, RICHARD				
STREET ADDRESS	15505 DODSON				
CITY-ST-ZIP	DOLTON OL				
TITLE	DS	<input type="checkbox"/> DELETE			
NAME	SOCARRAS, GABRIEL				
STREET ADDRESS	14318 S IRVING				
CITY-ST-ZIP	DOLTON IL				
TITLE	DVP	<input type="checkbox"/> DELETE			
NAME	SOCARRAS, GUSTAVO A				
STREET ADDRESS	643 CARROL PKWY				
CITY-ST-ZIP	GLENWOOD IL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	LORET DE MOLA, OSCAR				
STREET ADDRESS	505 N W 57 CT				
CITY-ST-ZIP	MIAMI FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSCAR LORET DE MOLA DIR. / TRES.

Date

Daytime Phone #

CR2E034 (11/98)

0184488