SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P94000027485 (9) **DOCUMENT #** THE GRAND CONDO REALTY INC. Mailing Address Principal Place of Business 1444 BISCAYNE BLVD #220 1444 BISCAYNE BLVD #220 MIAMI FL 33132 MIAMI FL 33132 3a. Date of Last Report 3. Date Incorporated or Qual fied 03/16/1995 04/08/1994 Applied For 4. FEI Number 2a. Mading Address Principal Place of Business Not Applicable 65-0481549 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032. Country Zip Country Yes No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CARRIER, PETER A 1717 N BAYSHORE #3884 1954 Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI FL 33132 83 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-framed 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 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE (NOTE: Regulated Agent signature required when relies thing) Signature, typed or printed name of registered agent and title diapplicable (36/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE 1.1 TITUS TITLE CR2E034 1717 N. BAYSHORE #3334 \SSA 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 21 TITLE TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 31 TiTLE TITLE 3 2 NAME NAME 3.3 STREET ACCRESS STREET ADDRESS 34 CHY-ST-ZIP Change Addition CITY-ST-2IP DELETE 4.1 THUE TITLE A 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 5.1 III if TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 THE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 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 1 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 recorder or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 it changed for on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFI

SIGNATURE: ___

6-6-96 (305 377-4800)