

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:06

DOCUMENT # P94000058929 (8)

1. Corporation Name

GRESTAN CORPORATION

Principal Place of Business

Mailing Address

12601 NORTHWEST 27 AVENUE,
SUITE T-331
MIAMI FL 33167

12601 NORTHWEST 27 AVENUE
SUITE T-331
MIAMI FL 33167

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1994

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 12601 NW 27 AVE

26 12601 NW 27 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 T-331

27 T-331

City & State

City & State

23 Miami, FLA

28 Miami, FLA

Zip

Zip

24 33167

29 33167

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL, CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

Gregory S. Parrish

82 Street Address (P.O. Box Number is Not Acceptable)

12601 NW 27 AVE

83 T-331

84 City Miami

FL

85 Zip Code 33167

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 of the person named in Block 9 and 10, and the person named in Block 11.

(NOTE: Registered Agent has been registered when registering.)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME PARRISH, GREGORY S
STREET ADDRESS 12601 NORTHWEST 27 AVENUE, SUITE T-331
CITY, ST, ZIP MIAMI FL 33167

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP
☐ Change ☐ Addition

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 included in 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 applicable, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95

(305) 681-1433