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

PROFIT CORPORATION **ANNUAL REPORT**

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Apr 02 1998 8:00am

	1998	DIVISION OF CO	DRPORATIONS	Secretary	oi State
DOCUMENT # P9400069855 (2) GRAMAPET, INC.					
Principal Place	e of Business	Mailing Address		{ 1400 \$00 410 4011 010 \$ 8011 0011 884 \$ 0011 0	(110 10101 10101 01101 0111 1001
9604 SW 138TH AVE. 9604 SW 138TH AVE.					
MIAMI FL 3318	86-6820	MIAMI FL 33186-6820		DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualified 09/21/1994	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# elc	Suite, Apt #, etc.		65-0529175	Not Applicable \$8.75 Additional
22	, oto.	27		5. Certificate of Status Desired	Fee Required
I City & State	в	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	7ip	Country	Trust Fund Contribution	Added to Fees
2ip 24	25	<u> </u>	Lounity 10	This corporation owes or has paid the of Personal Property Tax due June 30.	current year Intangible
241	9. Name and Address of Curre		~1	10. Name and Address of New Registere	
POL	ULTON, CHERYL A		81 Name	LEOPOLDO NANNI	
9804 SW 38TH AVE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33186			83	804 SW 138 AVE	5
į			[83]		
			84 City	NAMI F	L 85 Zip Code 33186
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes			of changing its registered
office or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the oblig	a of Florida. Such change was au jations of, Section 607,0505, Flori	ithorized by the corporation Statutes.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	LEGIOLDO NA/ Signaturo, typod or printed narive of registered as	NN /	Rigistered Agent signature requ	3/3	1 (98
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE NAME	PTS Nanni, Leopoldo	☐ DELETE	1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	9804 SW 138TH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY - ST-ZIP		ļ
TITLE	VP	DELETE	2.1 TITLE		Change Addition
NAME	POULTON, CHERYL	/ \	2.2 NAME		
STREET ADDRESS	9804 SW 138TH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186	T profes	2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELE1E	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
YMLE		☐ DELETE	5.1 TITLE		Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
HAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-2IP		That and a result by a second second	6.4 CITY-ST-ZIP	C	The state of the s
indicated	ertify that the information supplied von this annual report of supplement	vim this filing does not qualify for all arinual report is true and accur	trie exemption stated in rate and that my signat	n Section 119.07(3)(i), Florida Statutes. I further ure 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: