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

**PROFIT** CORPORATION ANNUAL REPORT

1997

CITY - ST - ZIP

appears in Block 12

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000082963 (7)

GRAND CASTI E ENTERPRISES. INC.

**FILED** Jan 27 1997 8:00am Secretary of State

Principal Place	BLES DD SUITE 1015	Mailing Address 401 GOLDENISLES DA SUF HALLANDALE FL 33009-7524 2110 GACNET C1				
ORLAND	0,FL 32807	ORLANDO, FL 3	52807	<ol> <li>Date Incorporated or Qualified</li> <li>11/14/1994</li> </ol>	3a. Date of Last R 03/21/1996	leport
	ace of Business	2a. Mailing Address	COAT	4. FEI Number		oplied For
21 21 () (	JACHET CT	26 2110 GACHET Suite, Apt. #, otc.	(DOK)	65-0547905	60 7E	ot Applicable
22 107	#. trtc/	103		5. Certificate of Status Desired		Additional equired
City & State	2100	City & State NOO	~	6. Election Campaign Financing	\$5.00	May Be
23 ORLA		28 UKUANU)		Trust Fund Contribution	Added	to Fees
22 80	Country	17000 F	Country	8. This corporation has liability for i	ntangible tax under s ∐Yes	. <b>199.0</b> 32,
24 JA OU	9. Name and Address of Curren	29   100   3 It Registered Agent	<u> </u>	10. Name and Address of New Re		
PINZ	ON, YVETTE		61 Name			
401 (	Golden isles da suite 101!	5	82 Street A	ddress (P.O. Box Number is Not Acceptab	le)	
MALI	AMDALE EL ANDO		$\square$ 2110	GACHET COURT # 10	77	
211	O BACHET CT, #1	07	83	, , , ,		
O R	LANDO, FL 3280	<b>}</b>	84 City (	RLANDO	85 Zip	Code _
					FL   3	1807
office or re	egistered agent or bort. In the State	of Florida, Such change was aut	thorized by the corpo	orporation submits this statement for the poration's board of directors. I hereby accept	of the appointment as	registered
	ur familia with Arba accept the oblig	ations of Section 607.0505, Flori	day tatutes.	PARTITIONIT		
SIGNATURE	Signature, types or profest nume of registered age	applicable INOTE F	Registered Agent signature in	equired when reinstating)	DATE	
12.	OFFICERS AN	The same of the sa	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	
THE	PO	[_] DELETE	1.1 TITLE		L. Change	Addition
NAME	PINZON, YVETTE	T 101E	1.2 NAME	and contraction to	<b>/&gt;</b>	
STREET ADDRESS	401 GOLDEN IPLES DR SUITI HALLANDALE FL 33009	E IVIO	1.3 STREET ADDRESS	AllO GACHET COURT, \$1 ORIANDO, PL 32807	רט	
CITY - ST - ZIP TITLE	PIALLANDARE PE 3000	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	UKLINUU, PL 32804	Change	Addition
NAME		La bittie	22 NAME			Land Floation
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NÁME			
STREET ADDRESS			3.3 STREET ADDRESS			
City+ST-ZiP			3.4. CITY-ST-2IP			77.77
TiTLE		L_I DELETE	4.1 TITLE		L. Change	L Addition
NAME Oxotes applying			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
CITY-SI-ZIP TITLE		DELETE	51 TITLE		☐ Change	Addition
NAME		745	5.2 NAME			
STREET ADORESS			5.3 STREET ADDRESS			
CITY+ ST-ZIP			5.4 CITY-ST-ZIP			
TruE	7.11.1	DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			

64 CITY-ST-ZIP

14. I do 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 the 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 by the cooperation 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 McBanned Strong an attachment with an address.