

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000089428 (4)

1. Corporation Name

GRAND BAY CATERING, INC.



Principal Place of Business

Mailing Address

**444 BRICKELL AVE
SUITE 51-462
MIAMI FL 33131-2400**

**444 BRICKELL AVE
SUITE 51-462
MIAMI FL 33131-2400**

3. Date Incorporated or Qualified
12/08/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
~~XXXXXXXXXX~~ **N/A**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TAYARA, MEY
444 BRICKELL AVE
SUITE 51-462
MIAMI FL 33131-2400**

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 the date)

(If the Registered Agent's signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ARSLANIAN, ANTOINE	
STREET ADDRESS	444 BRICKELL AVE #51-462	
CITY-ST-ZIP	MIAMI FL 33131-2400	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	ARSLANIAN, SARKIS	
STREET ADDRESS	444 BRICKELL AVE, 51-462	
CITY-ST-ZIP	MIAMI FL 33131-2400	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TAYARA, NAJIB	
STREET ADDRESS	444 BRICKELL AVE, 51-462	
CITY-ST-ZIP	MIAMI FL 33131-2400	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAYARA, MEY	
STREET ADDRESS	444 BRICKELL AVE, 51-462	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JANDALI, LAILA	
STREET ADDRESS	444 BRICKELL AVE., 51-462	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VP-S-T-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Labib Janadali	
13 STREET ADDRESS	444 Bricekll Av e., # 51-462	
14 CITY-ST-ZIP	Miami, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

TAYARA MEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

539-2450

SE 5-1-96

CR2E034 (12/95)