

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000006709 (6)**

1. Corporation Name

J&J GRAMCKO, CORP.



Principal Place of Business

Mailing Address

**241 SEVILLA AVENUE STE. 805
CORAL GABLES FL 33149**

**241 SEVILLA AVENUE STE. 805
CORAL GABLES FL 33149**

3. Date Incorporated or Qualified

01/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **2544 E. SUNRISE BLVD**

26 **2544 E. SUNRISE BLVD**

4. FEI Number

65-0573713

Applied For

Not Applicable

22 **GALLERIA MALL L-9**

27 **GALLERIA MALL L-9**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

23 **FT LAUDERDALE, FL**

28 **FT LAUDERDALE, FL**

6. Election Campaign Financing

☐ **\$5.00 May Be Added to Fees**

24 **33304**

29 **33304**

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

9. Name and Address of Current Registered Agent

**DE LA CRUZ, LUIS F JR.
241 SEVILLA AVENUE STE. 805
CORAL GABLES FL 33149**

10. Name and Address of New Registered Agent

81 Name **LEIGH A. HENDLER CPA**
82 Street Address (P.O. Box Number is Not Acceptable) **1515 UNIVERSITY DR., SUITE 107A**
83 **CORAL SPRINGS**
84 City **FL** 85 Zip Code **33071**

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

Leigh A. Hendler, CPA

LEIGH A. HENDLER CPA

2/28/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DE GRAMCKO, JUANA T	
STREET ADDRESS	241 SEVILLA AVENUE STE. 805	
CITY-ST-ZIP	CORAL GABLES FL 33149	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GRAMCKO, JEANNIFFER	
STREET ADDRESS	241 SEVILLA AVENUE STE. 805	
CITY-ST-ZIP	CORAL GABLES FL 33149	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRAMCKO, ERNESTO	
STREET ADDRESS	241 SEVILLA AVENUE STE. 805	
CITY-ST-ZIP	CORAL GABLES FL 33149	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRAMCKO, ERNESTO F	
STREET ADDRESS	241 SEVILLA AVENUE STE. 805	
CITY-ST-ZIP	CORAL GABLES FL 33149	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRAMCKO, CARLOS E	
STREET ADDRESS	241 SEVILLA AVENUE STE. 805	
CITY-ST-ZIP	CORAL GABLES FL 33149	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

Juana De Gramcko **JUANA DE GRAMCKO**

02/28/96

(305) 563 0203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)