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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000022101 (6)

"LE GRAND INVESTMENT GROUP INC."

APPROVED AND FILED

97 APR 30 PM 2: 50

SECRETARY OF STATE TALLAHASSEE. FLORIDA

Principal Flace 2300 CORAL W MIAMI FL 33145	AY	Mailing Address 2300 CORAL WAY MIAMI FL 33145-3511								
j						3. Date Incorporated or Qualified 03/20/1995		ate of Last Re /01/1996	eport :	}
2. Principal Pla 21 2300 CC	ace of Business	26, Mailing Address				4, FEI Number 65-0565673			plied For	7
Suite, Apt			262300 CORAL WAY Suite, Apt #, etc.			007000073		\$8.75 A	t Applicable	┨
22 SUITE # 200		· ·	27 SUITE # 200			5. Certificate of Status Desired		Fee Re		ĺ
City & State		City & State	City & State			6. Election Campaign Financing		\$5.00	May Be	1
23MIAMI FLORIDA			28MIAMI FLORIDA			Trust Fund Contribution		Added to		
Zip Country 24 33145 25 US		Zip	Zip Country 29 3 3 1 4 5 30 US			This corporation has liability for inlangible tax under s. 199.032,     Florida Statutes				
24 33143	9. Name and Address of Currer		30 US			Florida Statutes  10. Name and Address of New R				-
FLOS	RIDA ANNUAL REPORT SERVIC			81 Name						1
2300 CORAL WAY				B2 Street	Addro	co (P.O. Boy Number is Not Assente	hlo)	····	<del></del>	-
SUITE 200				bz Street	House	ss (P.O. Box Number is Not Accepte	72	297-	4	
MIAN	AI FL 33145			83		-05/08/	370	11280	103	
}				B4 City		#:#:#:#:#!#	g. 12			┨
	/			'	<del> , .</del>		FL	-		
11. Pursuant te Office or re	o the provisions of Sagtians 607.050 costered about or both, in the State	)? and 607,1508, Florida Stat	utes, the al s authorize	bove-named d by the cor	corpo poratic	ration submits this statement for the on's board of directors. I hereby acce	purpose o	if changing its pointment as i	s registered registered	
agentar	rifamiliaz with and stoep ith oblig	ations of, Action \$17.0505					act.	1/05	7	
SIGNATUNE	Storials: Typed of one of rear e of registered ag	crut sectific if applicable N	A)	MADA CA	MIE	RA LOPEZ, PRES	<u> </u>	*// 7 ')		
12.		D DIRECTORS	13.	a Agent signator	e reduier	ADDITIONS/CHANGES TO OFF	CERS AN	D DIRECTOR	S IN 12	d€
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<b>14.</b> I do hereb	y certify that the information supplic	ea with this filing does not qu	ality for the	exemption:	stated	in Section 119,07(3)(i) Fiprida Statut	as. Liturthe	ar certify that t	IU6	1

4. I do hereby certify that the information supplied with this filing closs not qualify for the exemption stated in Section 119,07(3)(i) 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 12 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #