

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90125 029 ***150.00
05-03-1999 90125 030 *****8.75

DOCUMENT # P95000022101

1. Corporation Name

"LE GRAND INVESTMENT GROUP INC."

Principal Place of Business

Mailing Address

2300 CORAL WAY
SUITE 200
MIAMI FL 33145

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SUITE 200
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1995

4. FEI Number

65-0565673

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1717 N. Bayshore Drive

Suite, Apt. #, etc.

22 Suite # 114

City & State

23 Miami Florida

Zip

Country

24 33132

25

2a. Mailing Address

26 1717 N. Bayshore Drive

Suite, Apt. #, etc.

27 Suite # 114

City & State

28 Miami Florida

Zip

Country

29 33132

30

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES
2300 CORAL WAY
SUITE 200
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

S & K Property Management, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

1717 North Bayshore Drive

83

Suite 114

84 City

Miami

FL

85 Zip Code

33132

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

Lidia Cartaya

Lidia Cartaya, VP

4/27/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME LOPEZ-CANTERA, AMADA
STREET ADDRESS 2300 CORAL WAY SUITE 201
CITY-ST-ZIP MIAMI FL 33145 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Gertie Buckreus
1.3 STREET ADDRESS 1717 N. Bayshore Drive Suite 114
1.4 CITY-ST-ZIP Miami, FL, 33132 ☒ Change ☐ Addition

2.1 TITLE VP
2.2 NAME Lidia Cartaya
2.3 STREET ADDRESS 1717 N. Bayshore Drive Suite 114
2.4 CITY-ST-ZIP Miami, FL, 33132 ☐ Change ☒ Addition

3.1 TITLE S
3.2 NAME Lidia Cartaya
3.3 STREET ADDRESS 1717 N. Bayshore Drive Suite 114
3.4 CITY-ST-ZIP Miami, FL, 33132 ☐ Change ☒ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

Lidia Cartaya

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lidia Cartaya, Vice President

4/27/99

Date

(305) 577-3885

Daytime Phone #

CR2E034 (11/98)

0217023