

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000027746 (3)

1. Corporation Name

GRYPHUS INVESTMENTS CORP.



Principal Place of Business

Mailing Address

3508 CYRSTAL VIEW  
MIAMI FL 33133

3508 CYRSTAL VIEW  
MIAMI FL 33133

2. Principal Place of Business

21 444 Brickell AVE

2a. Mailing Address

26 Suite, Apt #, etc

22 Suite, Apt #, etc

22 Suite 809

27 Suite, Apt #, etc

28 City & State

23 Miami FLA

28 City & State

24 Zip

24 33131

Country

25 USA

29 Zip

29

Country

30

3. Date Incorporated or Qualified

04/07/1995

3a. Date of Last Report

4. FEI Number

65-0570915

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

SARMIENTO, DARIO  
3508 CYRSTAL VIEW  
MIAMI FL 33133

10. Name and Address of New Registered Agent

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SARMIENTO, DARIO  
STREET ADDRESS 3508 CYRSTAL VIEW  
CITY- ST- ZIP MIAMI FL 33133

TITLE STD  
NAME ZARAGOVIA, ANGELO  
STREET ADDRESS 145 BISCAY DRIVE  
CITY- ST- ZIP BAL HARBOR FL 33154

TITLE ☒ DELETE  
NAME BETHART, LUIS  
STREET ADDRESS 7600 SW 117 ST.  
CITY- ST- ZIP MIAMI FL 33156

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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

2.1 TITLE STD  
2.2 NAME ZARAGOVIA, ANGELO  
2.3 STREET ADDRESS 19672 E. Country Club Dr.  
2.4 CITY- ST- ZIP Aventura, FL 33180

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME BETHART LUIS  
3.3 STREET ADDRESS 7600 SW 117 ST.  
3.4 CITY- ST- ZIP MIAMI FL 33156

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

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

6.1 TITLE  
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DARIO SARMIENTO

July 31 / 96

305 377 3206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)