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 # P95000031929 (9)

1. Corporation Name
GRIME STOPPERS INTERNATIONAL, INC.

Principal Place of Business
~~5874 DEERFIELD PLACE~~
~~LAKE WORTH FL 33463~~

Mailing Address
~~5874 DEERFIELD PLACE~~
~~LAKE WORTH FL 33463~~

2. Principal Place of Business
21 2610 Southwest 23
Suite, Apt. #, etc.
22
City & State
23 Fort Lauderdale Florida
Zip 24 33312 Country 25 USA

2a. Mailing Address
26 TERRACE
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

SAME

3. Date Incorporated or Qualified: 04/24/1995
3a. Date of Last Report:
4. FEI Number: [X] 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 [X] No

9. Name and Address of Current Registered Agent
PARADISO, DON
~~5874 DEERFIELD PLACE~~
~~LAKE WORTH FL 33463~~

10. Name and Address of New Registered Agent
81 Name: DON A. PARADISO
82 Street Address (P.O. Box Number is Not Acceptable): 2610 Southwest 23 TERRACE
83
84 City: Fort Lauderdale FL 85 Zip Code: 33312

11. Pursuant to the provisions of Sections 607.0505 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: DON A. Paradiso, Esq. June 10, 1996
Signature of a Listed Officer, Director, Agent or Attorney-in-Fact (NOTE: Registered Agent Signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DELETE
Pres. ROBERT ALVAREZ 2610 SW 23 TERRACE Ft. Lauderdale FL 33312	[ ]
SEC. ↓ SAME	[ ]
Tres ↓ SAME	[ ]
Director ↓ SAME	[ ]
	[ ]
	[ ]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	Change	Addition
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	[ ]	[ ]
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	[ ]	[ ]
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	[ ]	[ ]
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 the 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 above, or on an attachment with an address.

SIGNATURE: June 10, 1996 954-327-0441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)