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FILED

Jan 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000042410 (7)

1. Corporation Name
GRECI-MAR CORPORATION

Principal Place of Business

800 CLAUGHTON ISLAND
UNIT A-1604
MIAMI FL 33131

Mailing Address

800 CLAUGHTON ISLAND
UNIT A-1604
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1995

4. FEI Number

65-0676649

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GRECI, OCTAVIO
800 CLAUGHTON ISLAND
UNIT A-1604
MIAMI FL 33131

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

2

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

GRECI, OCTAVIO

STREET ADDRESS

520 BRICKELL KEY DRIVE UNIT A-601

CITY-ST-ZIP

MIAMI FL 33131

TITLE

SD

☐ DELETE

NAME

GRECI, GABRIELE

STREET ADDRESS

520 BRICKELL KEY DRIVE UNIT A-601

CITY-ST-ZIP

MIAMI FL 33131

TITLE

D

☐ DELETE

NAME

GRECI, RAIMUNDO

STREET ADDRESS

520 BRICKELL KEY DRIVE UNIT A-601

CITY-ST-ZIP

MIAMI FL 33131

TITLE

D

☐ DELETE

NAME

GRECI, TAILA

STREET ADDRESS

520 BRICKELL KEY DRIVE UNIT A-601

CITY-ST-ZIP

MIAMI FL 33131

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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.

SIGNATURE: X

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

0178831

CH2E034 (10/97)