

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

99-1999 **99AR**

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

DOCUMENT # P95000067328 (1)
Corporation Name
GRANT MORTGAGE CORP.

Principal Place of Business
**540 NW 114TH AVE
MIAMI FL 33172
ER**

Mailing Address
~~10300 S.W. 102ND AVE
MIAMI FL 33176-144~~

1. Principal Place of Business
21

2a. Mailing Address
26 **6039 Collins Ave.**

Suite, Apt. #, etc.
22 **1031**

City & State
23 **Miami Beach, FL**

Zip
24 **33140**

Country
25 **USA**

9. Name and Address of Current Registered Agent
**ALBUERNE, FERNANDO
10730 S.W. 102ND AVENUE
MIAMI FL 33176**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
6039 COLLINS AVENUE

83 #1031

84 City
MIAMI BEACH

85 Zip Code
FL 33140

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
DP	ALBUERNE, FERNANDO	10730 S.W. 102ND AVENUE	MIAMI FL 33176	☐
DS	ALBUERNE, LILIANA	10730 S.W. 102ND AVENUE	MIAMI FL 33176	☒
DT	GRISSETT, JUDITH	10731 S.W. 102ND AVENUE	MIAMI FL 33176	☐
				☐
				☐
				☐

13. REGISTERED AGENT

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
11				☐
12				☐
13				☐
14				☐
21				☐
22				☐
23				☐
24				☐
31				☐
32				☐
33				☐
34				☐
41				☐
42				☐
43				☐
44				☐
51				☐
52				☐
53				☐
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61				☐
62				☐
63				☐
64				☐

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 by me. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Section 607.0507, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attachment with an address.

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Division of Corporation
P.O. BOX 6327
Tallahassee, FL 32314

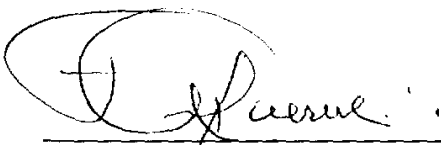
Grant Mortgage Corp.
6039 Collins Ave. #1031
Miami Beach, FL 33140

Per instructions from the Division of Corporation, I am attaching a check in the amount of \$300.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporation in respect with my corporation GRANT MORTGAGE CORP. Doc.# P95000067328. Please make the necessary changes to update my mailing address as I have made in the enclosed annual report form.

Thank you for your courtesy in this matter.

If you should have any questions concerning the annual report form feel free to contact me at the above listed address.



Fernando Albuerne
President