FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

95-99AR

ANNUAL REPORT
1995-1999

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

93 APR 12 PM 12:26

DOCUMENT # P95000067328 (1)

1. Corporation Name
GRANT MORTGAGE CORP.

[redacted]

Principal Place of Business	Mailing Address
540 NW 114TH AVE MIAMI FL 33172 ER	~~10700 SW 102ND AVE~~ ~~MIAMI FL 33176, 914~~

3. Date Incorporated or Qualified: 08/30/1995
3a. Date of Last Report: 09/25/1996

21. Principal Place of Business	26. Mailing Address
	6039 Collins Ave.
22. Suite, Apt. #, etc	27. Suite, Apt. #, etc: 1031
23. City & State	28. City & State: Miami Beach, FL
24. Zip / 25. Country	29. Zip: 33140 / 30. Country: USA

4. FEI Number: 65-0607430 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. [illegible] ☐ — $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

ALBUERNE, FERNANDO
~~10700 S.W. 102ND AVENUE~~
~~MIAMI FL 33176~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 6039 COLLINS AVENUE
83 #1031
84 City: MIAMI BEACH — FL — 85 Zip Code: 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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13.	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ALBUERNE, FERNANDO ~~10700 S.W. 102ND AVENUE~~ ~~MIAMI FL 33176~~	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Add'l 6039 COLLINS AVENUE #1031 MIAMI BEACH, FL 33140
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ALBUERNE, LICIAHA ~~10700 SW 102ND AVENUE~~ ~~MIAMI FL 33176~~	XX DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	DS Albuerne, Liliana 6039 COLLINS AVENUE #1031 MIAMI BEACH, FL 33140
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GRISSETT, JUDITH 10731 S.W. 102ND AVENUE MIAMI FL 33176	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addl'l
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	600002840505 -- ☐ Addl'l -04/15/99--01092--017 ****300.00 ****300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addl'l
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addl'l

I do 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; 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.

(2)

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