

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000085717 (3)

1. Corporation Name
GRAPPA GROUP, INC.



Principal Place of Business
9438 N.W. DORAL CIRCLE LANE
MIAMI FL 33178

Mailing Address
9438 N.W. DORAL CIRCLE LANE
MIAMI FL 33178

3. Date Incorporated or Qualified 11/06/1995	3a. Date of Last Report
4. FEI Number APPLIED FOR	☒ 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	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

HAYS, RICHARD J
7200 WEST COMMERCIAL BLVD. #207
LAUDERHILL FL 33319

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 607.0702 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 607.0509, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required) (Date) _____

12. OFFICERS AND DIRECTORS	
1. TITLE	☐ DELETE
NAME CARLOS O'NEAL	
STREET ADDRESS 9438 N.W. DORAL CIRCLE LANE	
CITY, ST, ZIP MIAMI, FLA. 33178	
2. TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
3. TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
4. TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
5. TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
6. TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
3. NAME	
4. STREET ADDRESS	
5. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
4. NAME	
5. STREET ADDRESS	
6. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
5. NAME	
6. STREET ADDRESS	
7. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
7. NAME	
8. STREET ADDRESS	
9. CITY, ST, ZIP	

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-02/19/96-01017-010
***200.00

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. 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 amendment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96 (305) 591-7379
Date: _____
Business Phone: _____

CR2E034 (12/95)