## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P96000019062 (4)

GRIOTTI IMPORT EXPORT, CORP.

Principal Plac	e of Business
400 005444	ANE OD OTE 400

Mailing Address

100 OCEAN LANE DO STE 400

## **FILED** Jul 28 1997 8:00am Secretary of State



KEY BISCAYNE FL 33149					KEY BISCAYNE FL 33149				n	O NOT WR TE	≀N THIS S	PACE	
									3. Date Incorporated			te of Last	Report
			•						03/01/1996				,
2. Principal P	lace of Busin	noss		28	Mailing Address				4. FEI Number			[ A	pplied For
21				26	]							X	lot Applicable
Suite, Apt. #, etc.				27	Suite, Apt. #, etc.				5. Certificate of State	5. Certificate of Status Desired			
City & State	e			1	City & State				6. Election Campaig	n Financino		\$5.00	May Be
23	•			28	1 .				Trust Fund Contril	•			to Fees
Zip		Co	untry	1-21	Zip	Co	untry		8. This corporation of	wes or has pa	id the curr	ent year Ir	ntangible
24		25		<u> </u>					Personal Property	Tax due June	30.	Yes	☐ No
	9. Name	and A	ddress of Current	Regi	stered Agent				10. Name and Addre	ss of New Re	gistered /	Agent	
NIE	TO, CARLO	os					81	Name					
			R STE 405				82	Street 6	Address (P.O. Box Number is	Not Acceptab	ıle)	· · · · · · · · · · · · · · · · · · ·	
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							04	City			FL	85 Zip	Code
11. Pursuant office or r agent. I a	to the provis egistered ag m familiar w	ions of gent, or ith, and	Sections 607.0502 both, in the State accept the obliga	and of Flor	607.1508, Florida Staturida Such change was of, Section 607.0505, F	utes, the a authorize Torida Sta	bove d by	e-named the corp s.	corporation submits this state oration's board of directors.	ement for the p I hereby accep	urpose of of the app	changing ointment a	its registered s registered
SIGNATURE													
	Signature, typed	d or printed	name of registered ager					ent signature	required when reinstating) ADDITIONS/CHAN	OES TO OFFIC	DATE PEDO AND	DIDECTO	DÉ IN 10
12.	6		OFFICERS AND	OINE	DELETE	13.	ITLE		ADDITIONS/CHAIN	GES TO OFFIC	ENO AIVL	Change	
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14. 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 offect 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 chaption, for on an attachment with an address.