

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

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 APR -2 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000050270
1. Corporation Name

NEW CRANDON, INC.
180 Crandon Blvd., #109
Key Biscayne, FL 33149

Principal Place of Business	Mailing Address
180 Crandon Blvd., #109 Key Biscayne, FL 33149	180 Crandon Blvd., #109 Key Biscayne, FL 33149

3. Date Incorporated or Qualified 6/12/96	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address	4. F.E.I. Number 65-0674835	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23 Zip	28 Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

Michele Polisar
180 Crandon Blvd., #109
Key Biscayne, FL 33149

10. Name and Address of New Registered Agent

81 Name Joao Barros
82 Street Address (P.O. Box Number is Not Acceptable) 180 Crandon Blvd., #109
83
84 City Key Biscayne
FL 85 Zip Code 33149

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]* DATE 3/31/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P-S-T	1.1 TITLE	P-S-T
NAME	Michele Polisar	1.2 NAME	Joao Barros
STREET ADDRESS	201 Crandon Blvd., #120	1.3 STREET ADDRESS	180 Crandon Blvd., #109
CITY-ST-ZIP	Key Biscayne, FL 33149	1.4 CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 addition.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97

305-361-0092

CR2E034 (9/96)