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

CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600080208 (7)

GRANADE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED May 01 1997 8:00am Secretary of State



301 SUNRISE DRIVE, #38W KEY BISCAYNE FL 33149		301 SUNRISE DRIVE, #38W KEY BISCAYNE FL 33149-2105.					
					3. Date Incorporated or Qualified 09/25/1996	3a. Date of La	ast Report
	lace of Business	2a. Mailing Address		A1 Q1	4. FEI Number	1 / 2	Applied For
21 42 - 7	05W 28115+	. T. T.	12	84724	65-0703		Not Applicable
Suite, Apt. #, etc. Suite. Apt. #, etc. 27					5. Certificate of Status Desired		75 Additional e Required
23 City & State	rove FL	28 C, 6th VR	F		Election Campaign Financing Trust Fund Contribution	☐ Ad	.00 May Be ded to Fees
24 33/	Country 25		30 Count	ry	1	Yes No	der s. 199.032,
004	9. Name and Address of Current	Registered Agent		Mome	10. Name and Address of New Re	gistered Agent	
GRANADE, ADOLFO F				81 Name			
301 SUNRISE DRIVE, #3BW KEY BISCAYNE FL 33149			. [2 Street Address	ess (P.O. Box Number is Not Acceptab	ile)	
			ľ	.3			
				4 City		FL I	Zip Code
11. Pursuant to office or read agent. La	to the provisions of Soctions 607 0502 egistered eigent, or both, in the Stition in familia, with, and accept the obligations.	² and 60 7 .1508, Florida Statute of Ftorida. Such change was a tions of Saction 607.0505, Flo	is, the abo uthorized rida Statul	ve-named corp by the corporati .os.	oration submits this statement for the pion's board of directors. I hereby accept	urpose of chang of the appointmen	ing its registered it as registered
SIGNATURE						4/8/9	7
12.	OFFICERS AND		: Registered /	lgent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DANE ! L	TORS IN 12
TITLE	PD	DELETE	1.1 1010		ADDITIONS OF THE	Cha	
NAME	Granade, adolfo f		1.2 NAM	£		4	•
STREET ADDRESS	301 SUNRISE DRIVE, #3BW		1.3 STR	ET ADDRESS		_	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		1.4 CITY	- ST - ZiP			
TITLE	☐ DELETE		2.1 11111			☐ Cha	inge Addition
NAME			2.2 NAM	£			
STREET ADDRESS			2.3 STRE	ET ADORESS			
CITY-ST-ZIP		Delete	2. 4 CITY 3.1 TITE	(-S1-ZIP			
TITLE NAME	·			t		L Cha	nge L Addition
STREET ADDRESS			3.2 NAM				
CITY-ST-ZIP			1	ET ADORESS 7-S1-ZIP			
TITLE					· · · · · · · · · · · · · · · · · · ·	Cha	nge Addition
NAME			4. 2 NAM	AF			- —
STREET ADDRESS			4.3 STR	F1 ADDRESS			
CITY-ST-ZIP			4.4 C(1)	- \$1 - 2IP			
TITLE		☐ DELETE	5.1 1(1)	[[_] Cha	inge Addition
NAME			5.2 NAM	E			
STREET ADDRESS			5.3 \$1R	E1 ADDRESS			
CITY-ST-ZIP				-S1-7/P			
TITLE		☐ DELETE	6.1 TRL			L Cha	inge L. Addition
NAME			6.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			6.4 CHY	- S1 - ZIP			

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 supplied entary annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the corporation or trusted 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 adaptinent with an address.