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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000093782 (6)

FILED Apr 23 1997 8:00am Secretary of State

THE THREE GRACES, INC.									
Principal Plac	e of Business	Mailin	g Address			E IBONDON HIN HANNO OLINA AMIRI CONIA	URIN DUNU MAN	HAND IN A DI HANA	J 1987 (88)
			ANOR DR., STE. A TT ISLAND FL 328						
						3. Date Incorporated or Qualifie 11/12/1996	d 3a. Da	te of Last Re	eport
2. Principal f	Pace of Business	2a. Ma	illing Address			4. FEI Number	L	Ap	plied For
21]		26						No	t Applicabl
Suite, Apt	#, etc.	S∪	ite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A Fee Re	
City & Stat	10	Cit	y & State			6. Election Campaign Financing]	\$5.00	May Be
23		28				Trust Fund Contribution		Added t	o Fees
Ζιρ 	Country	Zış)	Count	ry	8. This corporation has liability to			199.032,
24	25] 9. Name and Address of Currer	29	d Asent	30		Florida Statutes 10. Name and Address of New		No	
		III LICAISIOLO	o want	a	1 Name	IV. Name and Address of Non	negisteres x	Ment	
	RDIN-ROTOLANTE, DENISE) Manor Dr., Ste. A					dress (P.O. Box Number is Not Accep	atable)		
MERRITT ISLAND FL 32952						gress (r.O. box reditiber is not acces			
				6	3				
				8	4 City	LESS NEW MARKET	FL	85 Zip (Code
d.f. (1)	10-07-007-007	00 1 007 1	COO Classida Chat.	3 40 50-		rporation submits this statement for thation's board of directors. I hereby ac		Abaraina it	0 44 0 44 44
SIGNATURE	Sugar one type since pointed nation of registered ag	pert and title if ap	pi cable (NC	DIE: Registered A		ulied when reinstating)	DATE	·	
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recommency coming that the mormation supplied with this improves not quality 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 not attachment with an address.

SIGNATURE: