
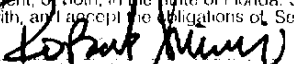


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 18 1998 8:00am
Secretary of State

| | | | | | |
|---|--|--|---|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P96000100339 (6) | | | | | |
| 1. Corporation Name AVON AT THE GRAND, INC. | | | | | |
| Principal Place of Business 1717 NORTH BAYSHORE DRIVE SUITE 301 MIAMI FL 33132 | | | Mailing Address 1717 NORTH BAYSHORE DRIVE SUITE 301 MIAMI FL 33132 | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 12/11/1996 4. FEI Number 65-0725423 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent RAMIREZ, MAUNEL A 1001 SOUTH BAYSHORE DRIVE SUITE 2410 MIAMI FL 33131 | | | 10. Name and Address of New Registered Agent 81 Name ROBERTO SIMONI 82 Street Address (P.O. Box Number is Not Acceptable) 1717 N. BAYSHORE DR #301 83 84 City MIAMI FL 85 Zip Code 33132 | | |
| 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, 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 I accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE  ROBERTO SIMONI DATE 4/26/98 (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 12. OFFICERS AND DIRECTORS TITLE D NAME OLIVERI, RICARDO STREET ADDRESS 1717 NORTH BAYSHORE DRIVE, SUITE 301 CITY-ST-ZIP MIAMI FL 33132 [X] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE PS 2.2 NAME GIGIOLA BRESCIANI 2.3 STREET ADDRESS 1717 N BAYSHORE DR #301 2.4 CITY-ST-ZIP MIAMI FL 33132 [] Change [X] Addition 3.1 TITLE D 3.2 NAME RENZO MAIETTO 3.3 STREET ADDRESS 1717 N BAYSHORE DR #301 3.4 CITY-ST-ZIP MIAMI FL 33132 [] Change [X] Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP [] Change [] Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP [] Change [] Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [] Change [] Addition | | |



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)

14. I 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 recorder 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 address.

SIGNATURE  DATE 4/26/98 3:05/15P/280