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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

**FILED** 

May 19 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000013254 (2)

**GRATIGNY CORPORATION** 

| Principal Place of Business Mailing Address  |   |  |   | - I COOTINGET BLO TOLICE CONGLET AND STATE NOTINE AND LE    | I <b>ada</b> anga na <b>a</b> n Kasi | Bilbi Hilbi                            |
|--|---|--|---|---|--------------------------------------|--|
| 8965 NW 77TH AVE., STE. 203<br>Miami Fl 33166  | 6955 NW 77TH AVE<br>MIAMI FL 33166  | 955 NW 77TH AVE., STE, 203<br>IAMI FL 33166  |   | DO NOT WRITE IN THIS  | : SPACE                              |  |
|  |   |  |   | 3. Date Incorporated or Qualified                           | J JI AOL                             |  |
| •  |   |  |   | 02/10/1997  |                                      |  |
| 2. Principal Place of Business   | 2a. Mailing Address   |  |   | 4. FEI Number   | Арр                                  | lied For                               |
| 21   | 26  |  |   | 65-0737/42  | Not a                                | Applicable                             |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc  |  |   | 5. Certificate of Status Desired                            | \$8.75 Ad                            |  |
| 22   | 27  |  |   |   | Fee Req                              |  |
| City & State   | City & State  |  |   | 6. Election Campaign Financing Trust Fund Contribution      | <b>\$5.00</b> M<br>Added to          |  |
| Zip Country  | Zip   | Country  | · · · · · · · · · · · · · · · · · · ·   | 8. This corporation owes or has paid the co                 |                                      |  |
| 24 25  | 29  | 30   | ,   | Personal Property Tax due June 30.                          | Yes                                  | - 1                                    |
|  | s of Current Registered Agent   |  |   | 10. Name and Address of New Registered                      | Agent                                |  |
| FRAU, TERESA M   |   | 81   | Name  |   |                                      |  |
| 6955 NW 77TH AVE., STE   | E. <b>203</b>   | 82   | Street Add  | ress (P.O. Box Number is Not Acceptable)                    |                                      |  |
| MIAMI FL 33166   |   | L  | <u> </u>  |   | ·-                                   |  |
| ₽.   |   | 83   |   |   |                                      |  |
| •  |   | 84   | City  |   | 85 Zip Co                            | ode                                    |
| 11 Durayant to the provisions of Spotia  | no 607 0502 and 607 1508 Florida S  | tatular the shou   | nomod oor   | poration submits this statement for the purpose             |                                      | rogistored                             |
| office or registered agent, or both, in  | in the State of Florida. Such change v                                    | was authorized by  | y the corporal  | tion's board of directors. I hereby accept the ap           | pointment as re                      | egistered                              |
| agent. I am tamiliar with, and accep   | of the obligations of, Section 607. <b>0</b> 50                           | 5, Florida Statutes  | S.  |   |                                      | 1                                      |
|  |   |  |   |   |                                      |  |
| SIGNATURE Signature, typod or printed name of  | registored agent and title if applicable                                  | (NOTE: Registered Age  | ent signature requi   | red when reinstating) DATE                                  |                                      |  |
| Signature, typod or printed name of  | ICERS AND DIRECTORS   | 13.  | ent signature requi   | red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN | ID DIRECTORS                         | <br>IN 12                              |
| Signature, typed or printed name of 12. OFF TITLE D  |   | 13.  | ent signature requi   |   | ID DIRECTORS                         | IN 12                                  |
| 12. OFF TITLE D NAME FRAU, TERESA M  | ICERS AND DIRECTORS  DELETE   | 13.  | ent signature requi   |   |                                      |  |
| 12. OFF  TITLE D  NAME FRAU, TERESA M  STREET ADDRESS 6955 NW 77TH AVE   | ICERS AND DIRECTORS  DELETE   | 13.<br>1.1 TITLE   |   |   |                                      |  |
| 12. OFF  TITLE D  NAME FRAU, TERESA M  STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166   | ICERS AND DIRECTORS  DELETE  ., STE. 203                                  | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S   | T ADDRESS   |   | Change                               | Addition                               |
| 12. OFF  TITLE D  NAME FRAU, TERESA M  STREET ADDRESS 6955 NW 77TH AVE  CITY-ST-ZIP MIAMI FL 33166  TITLE D  | ICERS AND DIRECTORS  DELETE  ., STE. 203                                  | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE   | T ADDRESS   |   | Change                               |  |
| 12. OFF  TITLE D  NAME FRAU, TERESA M  STREET ADDRESS 6955 NW 77TH AVE  CITY-ST-ZIP MIAMI FL 33166  TITLE D  NAME ARMAS, ANTONIO F   | ICERS AND DIRECTORS  DELETE  E., STE. 203  DELETE  DELETE                 | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME  | I ADDRESS<br>ST-ZIP   |   | Change                               | Addition                               |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | ICE RS AND DIRECTORS  DELETE  ., STE. 203  DELETE  DELETE  DELETE         | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-1 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-1 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREET  | I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS |   | Change Change Change                 | Addition  Addition  Addition  Addition |
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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 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 it changed, or on an attachment with an address.

SIGNATURE: