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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

P97000013254 DOCUMENT #

1. Corporation Name

GRATIGNY CORPORATION

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90006 046 ***150.00

Principal Plac	e of Business	Mailing A	ddress							
6955 NW	77th Ave.: Sis	6955 1	6955 NW 77th Ave., Ste. 203							
Ste. 203	3		Miami, Fl 33166							
Miami, E			TITCHILI II JULIO				DO NOT WRITE IN THIS SPACE			
•							3. Date incorporated or Qualifed 02/10/97			
2. Principal P	lace of Business	2a. Maifin	2a. Maifing Address				4. FEI Number			Applied For
21		26					65-0737142			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.7	5 Additional
22		27	27				5. Certificate of Status Desired	Ш	Fee	Required
City & Stat	е	City 8	City & State				6. Election Campaign Financing \$5.00 May Be			
23		_ 28					Trust_Fund_Contribution		Adde	d to Fees
Zip ————————————————————————————————————		Zìp					8:-This corporation owes the curr	ent year Inta	ngible —	ر متحدد م <u>ب</u> ـ ـ ـ ـ
24	25	29	3	0			Personal Property Tax.		Yes	⊠No
	9. Name and Address of Current	Registered /	Agent	\longrightarrow	1		10. Name and Address of New R	Registered A	Agent	
					81	Name				
	TERESA M.		. 203			Street Add	ress (P.O. Box Number is Not Accepta	ible)		
6955	NW 77th Ave., Ste	203								
Miami	, Florida 33166								, , ,	
					84	City		FL	85 Z	p Code
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, typed or printed name of registered agent	and title if applicab	ie (NOTE: R	egistered .	Agent	signature require	ad when reinstating)	DATE		
12.	OFFICERS AND		*	13.			ADDITIONS/CHANGES TO OF	FICERS AN	DIREC	TORS IN 12
TITLE			☐ DELETE	1,1 111	LE.	i			Chang	
NAME	P/T/S/D	- 14		1.2 NA	ME					
STREET ADDRESS	Frau, Teres	a M. Avave	Sta-203	1		ADDRESS				
CITY-ST-ZiP	Miami, Florid			1.4 CIT						
TITLE	, , , , , , , , , , , , , , , , , , , ,	ia JJIC	DELETE	2.1 TIT					Chang	e Addition
NAME	V/D		_	2.2 NA						,
	Rodriguėz-de-Arm					ADDRESS				
STREET ADDRESS	6955 NW 77th Ave	., Ste	203							
C/TY-ST-ZIP	Miami, Fl 33166		DELETE	2.4 CI		-ZIP			☐ Chang	e Addition
TITLE			- Dereie	3.1 TITI			•			, L', (dans)
NAME			<u> </u>	3.2 NA	_			·		
STREET ADDRESS	:					ADDRESS				
CITY-ST-ZIP			[] a.v. e-re	3.4. Ci		-ZIP				- Addition
TITLE			☐ DELETE	4.1 TITI					☐ Chan	ge
NAME				4, 2 NA						
STREET ADDRESS	J.			4.3 STF	REET/	ADDRESS				
CITY-ST-ZIP		_	C) 05: 5	4.4 CIT		ZIP				Addista-
TITLE			☐ DELETE	5.1 TITI					☐ Chang	ge Addition
NAME ,				5.2 NA						J
STREET ADDRESS				ı		ADDRESS				ĺ
CITY-ST-ZIP				5.4 CIT		ZiP				
TITLE			☐ DELÉTÉ	6.1 T/TI					☐ Chang	pe
NAME				6.2 NA	ΛE					1
STREET ADDRESS				6.3 STF	REETA	ADDRESS				ļ
CITY-ST-ZIP				6.4 CIT	Y-ST-	ZIP				\

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: