SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPOLT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000051693 (4)

GRANDE AFFAIRES, INC.

FILED Aug 26 1998 8:00am Secretary of State



Principal Place	e of Bus iness	Mailing Address		
2840 UNIVERISITY DR CORAL SPRINGS FL \$3065		2840 UNIVERISITY DR CORAL SPRINGS FL 39065		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified
				06/10/1997
			inme-	4. FE Number
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired Fee Required
City & State City & State City & State 28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 7 2 (Country Zip			Country	8. This corporation owes or has paid the current year Intangible
24 57	O 5 25		30] .	Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Name and Address of New Registered Agent				
2840 UNIVERISITY DR CORAL SPRINGS FL 33065				manable Polymondes Tisse. ress (P.O. Box Number is Not Acceptable) The state of t
			84 City	hammanaumu FL 85 Zip 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				
12.	Signature, typed or printed name of registered age	nt and title if applicable. (NO ID DIRECTORS	TE: Registered Agent signature req	ulred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change Addition
NAME	FIOCCO, ALFRED	<u> </u>	1.2 NAME	
STREET ADDRESS	7711 W 22 AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016		1.4 CITY-ST-ZIP	
TITLE	D	L_] DELETE	2.1 TITLE	Change (Addition
NAME	SIEGEL, SHARON		2.2 NAME	
STREET ADDRESS CITY-ST-ZIP	7711 W 22 AVE HIALEAH FL 33016		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE	THALEATTE SSOTO	DELETE	3,1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE	_	DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		[7]	4.4 CITY-ST-ZIP	
TITLE		L DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME 5.3 STREET ADDRESS	
STREET ADDRESS			5.4 CITY-ST-ZIP	
CITY-SY-ZIP TITLE		DELETE	6.1 TITLE	Change Addition
NAME		[_] DECELE	6.2 NAME	Citange L. Accutor.
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
	ertify that the information supplied with	this fiting does not qualify for th	e exemption stated in sec	ction 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 it made under own, was carried 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.