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

PROFIT CORPORATION ANNUAL REPORT

NUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000103695 (7)

GRACIANO-REYES & ASOCIADOS, INC.

Principal Place of Business Mailing Address 215 SW 17 AVE 215 SW 17 AVE SUITE 302-A SUITE 302-A DO NOT WRITE IN THIS SPACE MIAMI FL 33135 MIAMI FL 33135 3. Date Incorporated or Qualified 12/09/1997 2. Principal Place of Rusiness 2a. Mailing Address Applied For 65-0799350 EIN 21 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 1420 nw STREET 1420 nw STREET Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be miami X miami Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible 24 33125 33125 25 USA USR **⊠** No Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RI Name CORONADO, RAMONA 7360 CORAL WAY Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 21 83 **MIAM! FL 33155** City 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, typed or printed name of registered agent and title if applicab (NOTE: Registered Agent signature required when reinstating) (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE 1.1 THLE NAME GRACIANO, JACQUELINE CR2E034 1.2 NAME STREET ADDRESS **1420 NW 1 STREET** 1.3 STREET ADDRESS **MIAMI FL 33125** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE REYES, LUIS M NAME 2.2 NAME **1420 NW 1 STREET** STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33125** CITY-ST-ZIP 2. 1 CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS

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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE NAME

Jazqueline Grasiano (1861)

04-17-98

(305) 541-9325

Change

Change

Change

Addition

Addition

Addition

**FILED** 

Apr 28 1998 8:00am

Secretary of State