PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000015363

1. Corporation Name

GRUM ENTERPRISES INC.

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90009 029 ***150.00



Principal Place	e of Business	Mailing Address						
5201 BLUE LAGOON DRIVE 5201 BLUE LAGOON DRIVE								
SUITE 100		SUITE 100			DO NOT WRITE IN THIS SPACE			
MIAMI FL 33126 MIAMI FL 33126					3. Date Incorporated or Qualifed			
					02/16/1998		}	
2 Principal P	are of Business	2a. Mailing Address			4 FEI Number	Ap	plied For	
	Principal Place of Business 2a. Mailing Address 2a. Mailing Address 2b. 2c. 2c.			VE.	65-0823097	No	t Applicable	
21 /2/0 ((ASH)) (Two AVC). Suite, Apt. #, etc.		Suite, Apt. #, etc.			a	\$8.75	Additional	
22 SUITE 220		27 SUITE 220			5. Certificate of Status Desired Fee Required			
City & State		City & State			6. Election Campaign Financing 55.00 May Be			
					Trust Fund Contribution	Added 1		
Zip	Country	Zip	Country		8. This corporation owes the current year Intar			
3 3/		29 33/39 30	کن اہ			∐̃Yes	⊠No	
24	9. Name and Address of Current	- 0			10. Name and Address of New Registered A	gent		
	0, 110110		81	Name				
SKOLA, THOMAS J					A Li Li Co Co Di Ni bereio Net Assestable)	- .		
5201 BLUE LAGOON DRIVE SUITE 100			82	Street A	Street Address (P.O. Box Number is Not Acceptable)			
			83	83				
	WI FL 33126							
			84	City	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 c	nanging its	registered	
office or r	egistered agent, or both, in the State o	t Florida. Such change was autr	iorizea by	ine corpo	oration's board of directors. I hereby accept the appoint	ment as re	gistered	
agent. i a	m familiar with, and accept the obligati	ons or, Section 607.0303, Florida	a Statutes			•		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	agistered Ager	t signature re	equired when reinstating) DATE		\	
12.	OFFICERS AND DIRECTORS 1				ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12	
TITLE		☐ DELETE	1,1 TITLE		V, T	Change	☐ Addition	
NAME			1.2 NAME		VALERIA GAUFILLIER 801 M. JONETHAN BALIVE, A ZOUT			
STREET ADDRESS			1.3 STREET	ADDRESS	BOI IN AMEUM BYTING " IF SOIL	•		
CITY-ST-ZIP			1.4 CITY-S	r-ZIP	MARIN BONEH, PL 30139			
TITLE		☐ DELETE	2.1 TITLE		ρ	Change	☐ Addition	
			2.2 NAME		HAKIMIANO GONCALVES			
NAME			2.3 STREET	ADDRESS	ONE GLOVE 15-E DA., A 206			
STREET ADDRESS			1		MIAMI, PC 33/33		{	
CITY-ST-ZIP		☐ DELETE	2, 4 CITY-9 3.1 TITLE	1-212	S	Change	Addition	
TITLE	:			-				
NAME			3.2 NAME		THOMAS J. STOCK ALIVE, SUINE	100	ĺ	
STREET ADDRESS			3.3 STREE		THOMAS J. SKOLA TLOI BUE LABOON BALING, SUITE MIRANI, FL 33/26			
CITY-ST-ZIP		C perete	3.4, CITY-5	T-ZIP	711-71, PC 30126	☐ Change	Addition	
TITLE		☐ DELETE	4.1 TITLE			Onange		
NAME			4, 2 NAME					
STREET ADDRESS			4.3 STREE	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	r-ZIP		[T] Chance	€ Addition	
TITLE		☐ DELETE	5.1 TITLE)	a la transfer	Change	☐ Addition	
NAME			5.2 NAME			6,5740.1	時間為「	
STREET ADDRESS			5.3 STREE		A CONTRACTOR OF SHEET AND SHEET SHEE	The Fig.	rit a list	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME					
i	i			I			· ·	
STREET ADDRESS			6.3 STREE	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, with all other like empowered.

SIGNATURE:

GNATURE AND YPED OR PHANED NAME OF SIGNING OFFICER OR DIRECTO

* 02/5/99 × 305.532.822L

CR2E034 (11/98)