

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000018896**

1. Entity Name

**GRYCO SALES, INC.****FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90032 007 \*\*\*150.00

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD STE 502 CORAL GABLES FL 33134	901 PONCE DE LEON BLVD STE 502 CORAL GABLES FL 33134-3073

2. Principal Place of Business	3. Mailing Address
1361 S.W. 78TH PLACE Suite, Apt. #, etc.	1361 S.W. 78TH PLACE Suite, Apt. #, etc.

City & State MIAMI, FL	City & State MIAMI, FL
Zip 33144	Country USA

4. FEI Number 65-0835269	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent****PEREZ-ABREU, JAVIER**  
**901 PONCE DE LEON BLVD**  
**STE 502**  
**CORAL GABLES FL 33134****7. Name and Address of New Registered Agent**

Name PEREZ-ABREU, GUSTAVO
Street Address (P.O. Box Number is Not Acceptable) 1361 S.W. 78TH PLACE
City MIAMI
FL Zip Code 33144

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ-ABREU, JAVIER 901 PONCE DE LEON BLVD, #502 CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PEREZ-ABREU, GUSTAVO 1361 S.W. 78TH PLACE MIAMI, FL 33144 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

SIGNATURE: <b>Gustavo Perez-Abreu</b>	<b>4-19-00</b>	305-264-2454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034 (9/99)