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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000091257

GROGNARD CORPORATION

| anoan | | | . Mark | | |
|--|--|-----------------------------------|---|--|---------------------------|
| Principal Place | e of Business | Mailing Address | | | |
| 112 S. HIBISCU | IS DR. | 112 S. HIBISCUS DR. | | | • |
| | | MIAMI BCH FL 33139 | | DO NOT WRITE IN THE | S SPACE |
| | • | | | 3. Date Incorporated or Qualifed | |
| | | • | | 10/26/1998 | |
| 3 - Dringing C | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| ─ 1 ` | lace of business | — — · · · · · · | پهيد کند. د مختص داده | at for the transfer of the first of the contract of the contra | Not Applicable |
| 21 Suite, Apt. | # etc | Suite, Apt. #, etc. | | 65-0877601 | \$8.75 Additional |
| | m, Gio. | 27 | | 5. Certifcate of Status Desired | Fee Required |
| 22 City & Stat | 9. | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| ' | • | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | - Country | Zip | Country | 8. This corporation owes the current year Ir | ntangible |
| 24 | . 25 | 29 | 30 | Personal Property Tax. | ∐Yes □No . |
| 24 | 9. Name and Address of Curre | | 1001 | 10. Name and Address of New Registered | d Agent |
| | | | 81 Name | Man I an ann | · · |
| LAN | GEN, MAX ESQ. | | 82 Street Add | Max Langen Iress (P.O. Box Number is Not Acceptable) | |
| | S. HIBISCUS DR. | | 62 Street Add | ress (F.O. Box Number is Not Acceptable) | |
| MIA | MI BCH FL 33139 | | 83 | 112 S. Hibiscus Dr. | TANKS SEA |
| | | | | | log 7in Codo |
| | | | 84 City | Miami Beach FI | L 85 Zip Code 33139 |
| 11. Pursuant | to the provisions of Sections 607.05 | 22 and 607.1508, Florida Stat | utes, the above-named corp | poration submits this statement for the purpose con's board of directors. I hereby accept the appo | |
| office or r | registered agent, or soth, in the State im familiar with, and accept the object | of Florida, Such change was | authorized by the corporati | ion's board of directors. I hereby accept the appo | ointment as registered |
| | im ramiliar with, and accept the oblig | ations of, Section 007.0305, F | iorida Statutes. | 3/1 | < /99 |
| SIGNATURE | Signature, typed or printed game of registered ag | pent and title of applicable. (NO | TE: Registered Agent signature require | ed when reinstating) SATE | -/ |
| 12. | | AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS A | |
| TITLE | D | ☐ DELETÉ | 1.1 TITLE | | ☐ Change ☐ Addition \ - ₹ |
| NAME | ANSIN, ULRICH | | 1.2 NAME | | . 5 |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | | [|
| CITY-ST-ZIP | FT. LAUDERDALE FL 33308 | | 1.4 CITY+ST-ZIP | | & |
| TITLE | | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition C |
| , NAME | | | 2.2 NAME | | |
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| NAME STREET ADDRESS | STANDARDA Distribution | DELETE | 2. 4 CITY-ST-ZIP 3.1 TITLE | | ☐ Change ☐ Addition |
| STREET ADDRESS | STANDARDA CARSTANANA STANDARDA | . DELETE | 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME | | ☐ Change ☐ Addition |
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14. I hereby certify that the information supplied with this filling 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 of the address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTER TABLE OF SIGNING OFFICER OR DIRECTOR

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90116 039 ***150.00