FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED
AND
FILED

95 MAY -1 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S04034 (2)

1. Corporate Name
G.R.E., INC.

Principal Place of Business
8871 NW 15 CT
PEMBROKE PINES FL 33024
US

Mailing Address
8871 NW 15 CT
PEMBROKE PINES FL 33024
US

Date of Last Amendment

3. Date Incorporated (Formed) 10/01/1990
3a. Date of Last Report 05/01/1994

2. Principal Place of Business
21

2a. Mailing Address
26 5401 COLLINS AVE #341

4. FEI Number 65-0223086
Applied For
Not Applicable

Suite, Apt. # etc.
22

Suite, Apt. # etc.
27 MIAMI BEACH,

5. Certificate of Status Desired
$8.75 Additional Fee Required

City & State
23

City & State
28 FLORIDA

6. Election Campaign Financing Trust Fund Contribution
$5.00 May Be Added to Fees

24 25

29 33140 30

8. Is organization qualified to do business in Florida Statutes
X yes No

9. Name and Address of Current Registered Agent

RODRIGUEZ, RUBI
9238 NW 1ST
STE - 204
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the undersigned corporation submits the 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. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	RODRIGUEZ, RUBI
STREET ADDRESS	9238 NW 1ST / STE - 204
CITY, ST, ZIP	PEMBROKE PINES FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained on the original or supplemental annual report is true and correct 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 owner or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears above, or on the attached list, with an office.

SIGNATURE: Rubi Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30/95

(305) 868-8434
Daytime Phone

000002B CP