

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S67057** (7)
1. Corporation Name
GRANTOUR YACHTS, INC.



Principal Place of Business Mailing Address
2422 N.E. 9TH ST. SUITE 209 DANIA FL 33004 US
850 NE 3RD ST. SUITE 209 DANIA FL 33004 US

3. Date Incorporated or Qualified **07/15/1991** 3a. Date of Last Report **01/24/1995**
4. FEI Number **65-0347754** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **850 NE 3RD ST.** 26 Suite, Apt. #, etc.
22 **SUITE 209** 27 City & State
23 **DANIA FL.** 28 City & State
24 **33004** 25 **USA** 29 Zip 30 Country

SAME

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **ABEL RODRIGUEZ**
82 Street Address (P.O. Box Number is Not Acceptable) **SAME AS ABOVE**
83
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 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 **ABEL RODRIGUEZ PRES./CEO** 1-16-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, ABEL	
STREET ADDRESS	2422 NE 9 STREET	
CITY- ST- ZIP	HALLANDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEMIRE, CAROLINE	
STREET ADDRESS	2422 NE 9 STREET	
CITY- ST- ZIP	HALLANDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEMIRE, CATHERINE	
STREET ADDRESS	2422 NE 9 STREET	
CITY- ST- ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: **Abel Rodriguez** 1-16-96 (305) 9237444
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)