

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

APPROVED AND FILED

96 MAY -1 PM 4:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # S69734 (9)

1. Corporation Name
GRAND BAY INVESTMENTS, INC.



Principal Place of Business Mailing Address
1036 S.W. 1 ST. MIAMI FL 33130 **1036 S.W. 1 ST. MIAMI FL 33130**

2. Principal Place of Business 2a. Mailing Address
21 2300 CORAL WAY **26 2300 CORAL WAY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 MIAMI FLORIDA **27 MIAMI FLORIDA**
 City & State City & State
23 MIAMI FLORIDA **28 MIAMI FLORIDA**
 Zip Country Zip Country
24 33145 **25 US.** **29 33145** **30 US.**

3. Date Incorporated or Qualified **07/30/1991** 3a. Date of Last Report **01/20/1995**
 4. FLI Number **65-0286261** 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

9. Name and Address of Current Registered Agent
FLORIDA ANNUAL REPORT SERVICES, INC.
1036 S.W. 1 ST.
MIAMI FL 33130

10. Name and Address of New Registered Agent
81 Name: FLORIDA ANNUAL REPORT SERVICES INC.
82 Street Address (P.O. Box Number is Not Acceptable): 2300 CORAL WAY SUITE # 200
83
84 City: MIAMI **85 Zip Code: FL 33145**

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, of 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 Sections 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **AMADA CANTERA LOPEZ, PRES**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BUCKREUS, GERTIE	12 NAME	Buckreus, Gertie
STREET ADDRESS	1036 S.W. FIRST ST	13 STREET ADDRESS	2300 Coral Way, Suite 201
CITY- ST- ZIP	MIAMI FL	14 CITY- ST- ZIP	Miami, Florida 33145
TITLE	<input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PS LOPEZ-CANTERA, AMADA	22 NAME	VP Lopez-Cantera, Amada
STREET ADDRESS	1036 S.W. FIRST ST	23 STREET ADDRESS	2300 Coral Way, Suite 201
CITY- ST- ZIP	MIAMI FL	24 CITY- ST- ZIP	Miami, Florida 33145
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	S Cartaya, Lidia
STREET ADDRESS		33 STREET ADDRESS	2300 Coral Way, Suite 102
CITY- ST- ZIP		34 CITY- ST- ZIP	Miami, Florida 33145
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (305) 854-1040

CR2E034 (12/95)