

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

0217520

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90125 021 *****8.75
 05-03-1999 90125 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S69734

1. Corporation Name
GRAND BAY INVESTMENTS, INC.

Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI FL 33145	Mailing Address 2300 CORAL WAY SUITE 200 MIAMI FL 33145
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DO NOT WRITE IN THIS SPACE

21 1717 N. Bayshore Drive Suite, Apt. #, etc. 22 Suite # 114 City & State 23 Miami Florida Zip 24 33132	25 Country	26 1717 N. Bayshore Drive Suite, Apt. #, etc. 27 Suite # 114 City & State 28 Miami Florida Zip 29 33132	30 Country
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3. Date Incorporated or Qualified
07/30/1991

4. FEI Number
65-0286261

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.
 2300 CORAL WAY
 SUITE 200
 MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name
S & K Property Management, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)
1717 North Bayshore Drive

83 Suite 114

84 City
Miami

85 Zip Code
FL 33132

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 of 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 *Lidia Cartaya* **Lidia Cartaya, VP** DATE **4/27/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUCKREUS, GERTIE	
STREET ADDRESS	1717 N BAYSHORE DRIVE, SUITE 114	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ-CANTERA, AMADA	
STREET ADDRESS	2300 CORAL WAY SUITE 201	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARTAYA, LIDIA	
STREET ADDRESS	1717 N BAYSHORE DRIVE, SUITE 114	
CITY-ST-ZIP	MIAMI FL 33132	
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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lidia Cartaya	
2.3 STREET ADDRESS	1717 N. Bayshore Drive Suite 114	
2.4 CITY-ST-ZIP	Miami, FL, 33132	
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 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 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, with all other like empowered.

SIGNATURE: *Lidia Cartaya* **Lidia Cartaya, Vice-President** DATE: **4/27/99** DAYTIME PHONE #: **(305) 577-3885**

Signature, typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (11/98)