## 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 # \$78465**

Country

9. Name and Address of Current Registered Agent

1. Corporation Name

Suite, Apt. #, etc.

Higlean

33016

City & State

Zip

24

GR CAHGO COHP.			
Principal Place of Business	Mailing Address		
8621 N.W. 54 STREET MIAMI FL 33166 US	2247 W 53RD PLACE HIALEAH FL 33016		
2. Principal Place of Business 21 よみり い. 53 PC	2a. Mailing Address	·	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

City & State

Zip

29

FILED May 06, 1999 8:00 am Secretary of State 05-06-1999 90223 029 \*\*\*150.00



	DO NOT WRITE IN THIS SPACE
3.	Date Incorporated or Qualifed

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

09/04/1991 4. FEI Number

65-0282398

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10.-Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Grunauer, Maria D. 2247 w 53rd Place			Street Address (P.O. Box Number is Not Acceptable)			
HIAL	EAH FL 33016	83				
		84	City	FL 85 Zip	Code	
office or r	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes egistered agent, or both, in the State of Florida. Such change was aut m familiar with, and accept the obligations of, Section 607.0505, Florid	horized by I	-named the corp	corporation submits this statement for the purpose of changing its oration's board of directors. I hereby accept the appointment as re	registered egistered	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: F	Registered Agent	signature r	equired when reinstating) DATE	[	
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	ORS IN 12	
TITLE	<b>VP</b> ☐ DELETE	1.1 TITLE		☐ Change	☐ Addition	
NAME	Grunauer, Xavier a	1.2 NAME			1	
STREET ADDRESS	2247 W 53RD PL	1.3 STREET ADDRESS			J	
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST	-ZIP			
TITLE	☐ DELETE	2.1 TITLE		☐ Change	Addition	
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET	ADORESS			
CITY-ST-ZIP		2. 4 CITY-S	r-zip			
TITLE	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition	
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET	ADORESS		ļ	
CITY-ST-ZIP		3.4. CITY-S	r-ZIP			
TITLE	C) DELETE	4.1 TITLE		☐ Change	☐ Addition	
NAME		4.2 NAME				
STREET ADDRESS		4.3 STREET	ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST	-ZIP			
TITLE	DELETE-	5.1 TITLE		☐ Change	☐ Addition	
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET	ADDRESS		1	
C!TY-ST-ZIP		5.4 CITY-ST	- ZIP			
TITLE	☐ DELETE	6.1 TITLE		☐ Change	Addition	
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET	adoress			
CITY-ST-ZIP		6.4 CITY-ST				
14. I hereby o	certify that the information supplied with this filing does not qualify for t	he exempti	on state	in Section 119.07(3)(i), Florida Statutes. I further certify that the	information	

Country

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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.

MANDEN, STANDER REQUIRED HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4130199

(305) 362-6936