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 (Not for Profit)

APPROVED-AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S83130** **(2)**

1. Corporate Name
GRANVEST, INC.

Principal Place of Business
25 S.E. 2ND AVENUE
SUITE 543
MIAMI FL 33131

Mailing Address
25 S.E. 2ND AVENUE
SUITE 543
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/26/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
Suite Apt. # or Rm.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite Apt. # or Rm.
27
City & State
28
Zip 29 County 30

4. FEI Number: **65-0289248** 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. Has corporation filed a waiver of interrogatories under S. 607.0832 Florida Statutes? X Yes ☐ No

9. Name and Address of Current Registered Agent
SANTOS, MAURO C. ESQUIRE
25 S.E. 2ND AVE.
SUITE 740
MIAMI FL 33131

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.0506 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. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and hereby agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
Title	D	Title	☐ Change ☐ Addition
NAME	TEIXEIRA, MANUEL	NAME	
Street Address	ESTRADE DE GAVEA 611	Street Address	
City, State, Zip	RIO DE JANERIO, BRA.	City, State, Zip	
Title	D	Title	☐ Change ☐ Addition
NAME	TEIXEIRA, MARIA	NAME	
Street Address	ESTRADE DE GAVEA 611	Street Address	
City, State, Zip	RIO DE JANERIO, BRA.	City, State, Zip	
Title	D	Title	☐ Change ☐ Addition
NAME	MOTTA, MARINUS	NAME	
Street Address	RUA URUGUAI 533 APT. 203	Street Address	
City, State, Zip	TIJUCA, R.J. BRAZIL	City, State, Zip	
Title	D	Title	☐ Change ☐ Addition
NAME	MOTTA, IRENE	NAME	
Street Address	RUA URUGUAI 533 APT. 203	Street Address	
City, State, Zip	TIJUCA, R.J. BRAZIL	City, State, Zip	
Title		Title	☐ Change ☐ Addition
NAME		NAME	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
Title		Title	☐ Change ☐ Addition
NAME		NAME	
Street Address		Street Address	
City, State, Zip		City, State, Zip	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not exceed the requirements stated in Section 119.07, Florida Statutes. I further certify that the information included on the 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 manager or member empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 hereunder or on an attached sheet, with an address.

SIGNATURE: Marinus Motta 5-3-95
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR

0131906 CP