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 # S83130

1. Corporation Name
GRANVEST, INC.

Principal Place of Business	Mailing Address
25 S.E. 2ND AVENUE #543 MIAMI FLORIDA, 33131	25 S.E. 2ND AVENUE #543 MIAMI FLORIDA, 33131

3. Date Incorporated or Qualified: 9-26-91
3a. Date of Last Report: 5-3-95

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. # etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SANTOS MAURO C. ESQUIRE
25 S.E. 2ND AVENUE
SUITE #740
MIAMI FLORIDA, 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D TEIXEIRA MANUEL ESTRADE DE GAVEA 611 RIO DE JANERIO BRAZIL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D TEIXEIRA MARIA ESTRADE DE GAVEA 611 RIO DE JANERIO BRAZIL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D MOTTA MARINUS RUA URUGUAI 533 APT#203 TIJUCA R.J. BRAZIL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D MOTTA IRENE RUA URUGUAI 533 APT#203 TIJUCA R.J. BRAZIL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY ST ZIP	☐ Change ☐ Addition 300001791173 -04/23/96--01131--011 ***200.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY ST ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: Manuel Motta 4/11/96 305-3589044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #