

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

FILED

Feb 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S88043** (2)  
1. Corporation Name  
**GRANELLO CORP.**

Principal Place of Business <b>3079 NE 163RD STREET NO. MIAMI BEACH FL 33180 US</b>	Mailing Address <b>P.O. BOX 630817 MIAMI FL 33163</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 2875 NE 191 Street</b> Suite, Apt. #, etc. <b>22 PH I</b> City & State <b>23 Aventura, FL</b> Zip <b>33180</b> Country <b>USA</b>		2a. Mailing Address <b>26 P.O. BOX 630817</b> Suite, Apt. #, etc. <b>27 MIAMI FL 33163</b> City & State <b>28</b> Zip <b>30</b> Country		3. Date Incorporated or Qualified <b>10/18/1991</b>
		4. FEI Number <b>65-0292594</b>		Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>PREM. ASSET MGMT., INCL 22100 PARK CENTRAL BLVD. N STE 900 POMPANO BCH FL 33064</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILINSKI, S</b>	1.2 NAME	
STREET ADDRESS	<b>3000 ISLAND BLVD. #1805</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILLIAMS ISLAND FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILINSKI, FLORETTE</b>	2.2 NAME	
STREET ADDRESS	<b>3000 ISLAND BLVD., #1805</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILLIAMS ISLAND FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AZOUT, GILDA</b>	3.2 NAME	
STREET ADDRESS	<b>3802 NE 207 ST #1502</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N MIAMI BCH FL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

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

1-28-98

(305)935-5175

CR2E034 (10/97)