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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 27 1997 8:00am

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Secretary of State

1/20/97 (561) 684-3980 Date Dayme Prope

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V12189

(9)

GRASALDO, INC.

SIGNATURE:

Principal Place 1934 CHURCH WEST PALM BE	STREET	Mailing Address 1934 CHURCH STREET WEST PALM BEACH FL 33409-4104							
						3. Date Incorporated or Qualified 02/06/1992		e of Last R 23/1996	eport
2. Principal Pla	ace of Business	28. Mailing Addre	SS			4. FEI Number 65-0310819			oplied For ot Applicable
Suite, Apt #	#, etc	Suite, Apt #, 6	etc			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added (	
Z <sub>1</sub> p	Country 25	Zip <b>29</b>	30	untry	,		Yes [	] No	. 199.032,
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered A	.gent	
	GOIRE, SALVATORE			61	Name				
12680 SE BERWICK COURT HOBE SOUND FL 33455				82 Street Address (P.O. Box Number is Not Acceptable)					
				83				***************************************	
				84	City		FL	85 Zip (	Code
office or re agent 1 an SIGNATURE	to the provisions of Sections 607.050/ agistered agent, or both, in the State in familiar with, and accept the obligations agent the state of the st	of Florida. Such chang itions of, Section 607 0	je was authorize 605, Florida Sta	ed b	y the corpores	rporation submits this statement for the pation's board of directors. I hereby acceptions when reinstaling	ourpose of of the appo	changing it intment as	is registered registered
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	IS IN 12
THLE	PD	DEL	ETE 1.17	ITLE				Change	Addition
NAME	GREGOIRE, SALVATORE		1.2 !	NAME					
STREET ADDRESS	12680 S.E. BERWICK COURT		1.3 5	STREE	ADDRESS				
CITY-ST-ZIP	HOBE SOUND FL				T-ZIP				1 1 4 20
TITLE		☐ DEL		ITLE				Change	Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY - S1 - ZIP		DEL			ST-ZIP			Change	Addition
NAME		L 57-	1	NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			3.4	CITY -	ST-ZIP				
TIPLE		D£I	.ETE 4.11	TITLE				Change	Addition
NAME			4. 2	NAME					
STREET ADDRESS			4.3 1	STREE	ADDRESS				
CITY-S1-ZIP				CITY -	ST-ZIP				
TITLE		☐ DEL	.ETE 5.11	TITLE				Change	Addition
NAME				NAME					
STREET ADORESS					1 ADDRESS				
CITY-ST-ZIP		DEL		CITY - TITLE	ST-ZIP			Change	Addition
TITLE		الله الله		NAME				C. Criange	Addition
NAME expect announces					T ADDRESS				
STREET ADDRESS									
14. I do hereb	by certify that the information supplier	d with this filing does n			ST-ZIP emption state	ed in Section 119.07(3)(i). Florida Statute	s. I further	certify that	the
14. I do hereb	o indicated on this annual report or s	upplemental annual re	ot qualify for the	e exi	emption staturate and the	ed in Section 119.07(3)(i), Florida Statute lat my signature shall have the same legi lort as required by Chapter 607, Florida S	al effect as	if made un	nder oath: tha