## 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

## **FILED** May 10, 1999 8:00 am Secretary of State

05-10-1999 90149 004 \*\*\*150.00

DOCUMENT # V30028  1. Corporation Name	
GRANDES TIBURONES, INC.	 

GRANDE	S TIBURONES, INC.					
		**************************************			HR I III. BARA RAHI DURK BIRK	01911 01011 (00)
Principal Place		Mailing Address	_			
2701 S BAYSHO SUITE 315	ORE DR	2701 S BAYSHORE DR SUITE 315	1			
COCONUT GRO	OVE FL 33133	COCONUT GROVE FL	33133	DO NOT WRIT	TE IN THIS SPACE	
US US			3. Date Incorporated or Qualifed			
				04/21/1992		
2. Principal Pl	lace of Business	2a. Mailing Address	1 A A	4. FEI Number	<del></del>	pplied For
21		26 7/50 5. 1	paperand Blue	NOT APPLICABLE		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	1 1	Additional equired
22		27 77 1			<del>_</del>	
City & State	e	City & State	<u> </u>	6. Election Campaign Financing		May Be to Fees
23 Zin	Country	28 // (A	Country	Trust Fund Contribution  8. This corporation owes the current		10 1 663
Zip	·	<b>├</b> ┐ ~ ( <b>つ ) ₹7</b> .	30 US/A	Personal Property Tax.	ent year intangible ☐ Yes	□No
24	9. Name and Address of Current	29  ) ) ( ) U	[30]	10. Name and Address of New F		
	v. Helito bito ribbicos di odifett	Bin	81 Name 1	1 18 6, 1000	<del>-</del>	
SOM	iberg, reed <b>b</b> .		20 00 14 14	ress (P.O. Box Number is Not Accepte	.bto\	
2701	I S BAYSHORE DR		82 Street Addr	Yess (P.O. Box Number is Not Accepta	العن العات	
SUIT	E 315		83 011	1.C		
COC	ONUT GROVE FL 33133		PH	F1C	[a= ] 7:-	0-4-
	//		84 City   W	1 IA	FL 85 2	Code 2/5
11. Pursuant	to the provisions of sections 607.0502 egistered agent of one in the State of m familiar with any of purple obligation	and 607.1508, Florida St	tatutes, the above-named corp	poration submits this statement for the	purpose of changing its	s registered
office or re	egistered agent of both mythe State of	Florida Such change wa	as authorized by the corporation	on's board of directors. I hereby accer	ot the appointment as re	egistered
agent La	m familiar with abt/ account the abliquite	Section 607 0505	Florida Statutés			
Į	m familiar with atta coefficient the obligation	of, Section 607.0505,	, Florida Statutés.			
SIGNATURE			, Florida Statutés.  NOTE: Registered Agent signature require	ed when reinstating)	DATE	
SIGNATURE	Signature, type of registered agent in OFFICERS AND	and title if applicable. (* DIRECTORS	NOTE: Registered Agent signature require  13.		DATE FICERS AND DIRECTO	ORS IN 12
SIGNATURE	Signature, type of registered agent of September 1991 Annual Property of S	and title if applicable. (f	NOTE: Registered Agent signature require  13.	ed when reinstating)	DATE	ORS IN 12
SIGNATURE	Signature, type of the program of th	and title if applicable. (* DIRECTORS	NOTE: Registered Agent signature require	ed when reinstating)	DATE FICERS AND DIRECTO	ORS IN 12
SIGNATURE  12.  TITLE	Signature, type of registrate	and title if applicable. (* DIRECTORS	NOTE: Registered Agent signature require  13. E 1.1 TITLE	ed when reinstating)	DATE FICERS AND DIRECTO	ORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, type of the program of th	and title if applicable. (* DIRECTORS	NOTE: Registered Agent signature require  13. E 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP	ed when reinstating)	DATE FICERS AND DIRECTO	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, type of registrate	and title if applicable. (* DIRECTORS	### NOTE: Registered Agent signature require  13.  #### 13.	ed when reinstating)	DATE FICERS AND DIRECTO	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, type of registrate	and title if applicable. (* DIRECTORS	NOTE: Registered Agent signature require  13. E 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP	ed when reinstating)	DATE FICERS AND DIRECTO	ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, type of registrate	and title if applicable. (* DIRECTORS	13.  E 1.1 TITLE 1 2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE	ed when reinstating)	DATE FICERS AND DIRECTO	ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, type of registrate	and title if applicable. (F	13.  E 1.1 TITLE 1 2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ed when reinstating)	DATE FICERS AND DIRECTO Change	ORS IN 12 Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, type of registrate	and title if applicable. (* DIRECTORS	13.  E 1.1 TITLE 1 2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP E 2.1 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP E 3.3 STREET ADDRESS 2.4 CITY-ST-ZIP E 3.1 TITLE	ed when reinstating)	DATE FICERS AND DIRECTO	ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA SOMBERG, REED B. 2701 S BAYSHORE DR #315 COCONUT GROVE FL 33133	and title if applicable. (F	13.  E 1.1 TITLE 1 2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP E 2.1 NAME 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP E 3.1 TITLE 3.2 NAME	ed when reinstating)	DATE FICERS AND DIRECTO Change	ORS IN 12 Addition
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SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	RA SOMBERG, REED B. 2701 S BAYSHORE DR #315 COCONUT GROVE FL 33133	DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	## 13.  ## 13.  ## 13.  ## 13. ** **ITTLE**  12. NAME**  1.3. STREET ADDRESS**  1.4. CITY-ST-ZIP**  ## 22. NAME**  2.3. STREET ADDRESS**  2.4. CITY-ST-ZIP**  ## 3.3. STREET ADDRESS**  3.4. CITY-ST-ZIP**  ## 4.2 NAME**  4.3. STREET ADDRESS**  4.4. CITY-ST-ZIP**  ## 4.2 NAME**  4.3. STREET ADDRESS**  4.4. CITY-ST-ZIP**  ## 5.1. TITLE**  5.2. NAME**  5.3. STREET ADDRESS**  5.4. CITY-ST-ZIP**  ## 5.3. STREET ADDRESS**  5.4. CITY-ST-ZIP**  ## 5.3. STREET ADDRESS**  5.4. CITY-ST-ZIP**  ## 6.1. TITLE**  6.1. TITLE*	ed when reinstating)	DATE FICERS AND DIRECTO Change Change	ORS IN 12 Addition Addition Addition
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does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of it is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ever empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address with all trues like empowered. 

SIGNATURE: