

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005783

Entity Name: FONDASYON GRANN LISON, INC.**Current Principal Place of Business:**12100 NE MIAMI PLACE
N.MIAMI, FL 33161**Current Mailing Address:**PO BOX 552417
OPA LOCKA, FL 33055**FEI Number:** 65-0874789**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PHILORD, WALNEX
12100 NE MIAMI PLACE
N MIAMI, FL 33161 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TREASURER
Name	TANELUS, MIKE
Address	2805 NW 87 ST
City-State-Zip:	MIAMI FL 33147

Title	SECRETARY
Name	PHILORD, WALNEX
Address	12100 NE MIAMI PLACE
City-State-Zip:	N MIAMI FL 33161

Title	P
Name	BENISTE, MYRIAME
Address	1540 NW 134ST
City-State-Zip:	MIAMI FL 33167

Title	VP
Name	JOSEPH, THOMAS
Address	1190 NW 124ST
City-State-Zip:	N.MIAMI FL 32837

Title	VP
Name	ANTOINE, CARITAINE
Address	12625 NEWFIELD DRIVE
City-State-Zip:	ORLANDO FL 32837

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WALNEX PHILORD**SECRETARY****05/26/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date