

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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY -1 AM 11: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000081174**

1. Corporation Name

GRANDE VILLAS CORP.

Principal Place of Business

Mailing Address

**88 New Dorp Plaza
Suite 205
Staten Island, NY 10306**

**88 New Dorp Plaza
Suite 205
Staten Island, N.Y.
10306**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **88 New Dorp Plaza**

2b. Mailing Address

26 Suite, Apt. # etc.

22 **Suite 205**

27 City & State

23 **Staten Island, N.Y.**

28 Zip

24 **10306**

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/23/95

4. FFI Number

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 owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

81 Name **Capital Connection, Inc.**

82 Street Address (P.O. Box Number is Not Acceptable) **1417 E. Virginia St.**

83 **Suite 1**

84 City **Tallahassee**

FL

85 Zip Code **32301**

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE **W. J. Weimer Lopez for Capital Connection 4/28/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	John Merolo	
STREET ADDRESS	88 New Dorp Plaza, Suite 205	
CITY-ST-ZIP	Staten Island, N.Y. 10306	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Anna See	
STREET ADDRESS	South Maureen Drive P.O. Box 815 N/A	
CITY-ST-ZIP	Taverness, FL 34451	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	400002515484--E
14 CITY-ST-ZIP	-05/07/98--01076--023
21 TITLE	****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change
62 NAME	
63 STREET ADDRESS	
64 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 report of 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 person 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. I am signed in accordance with an address.

SIGNATURE: **John Merolo, President**

4/29/98

CR2E034 (10/97)