FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # NORTH GROVE APARTMENTS, INC. Principal Place of Business Mailing Address 3300 S. MOORINGS WAY 3300 S. MOORINGS WAY PO BOX 76 PO BOX 76 **COCONUT GROVE FL 33133** COCONUT GROVE FL 33133 3. Date Incorporated or Qualified 3a. Date of Last Report 03/25/1975 04/19/1995 2. Principa! Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0094876 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Γ 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BLOCK, DAVID 82 Street Address (P.O. Box Number is Not Acceptable) 3300 S MOORINGS WAY **MIAMI FL 33133** A3 84 City 85 Zip Code 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE altare, typed or printed name of registered agent and the if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (12/95) 12. OFFICERS AND DIFFECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1. 1 TITLE Change 1 Addition CONFALONE, JAMES NAME 1.2 NAME 3300 S MOORINGS WAY STREET ADDRESS 1.3 STREET ADDRESS COCONUT GROVE, FL 00000 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP TITLE [] DELETE 2 1 1145 Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHTY-ST-ZIP 2.4 CITY - ST - ZIP TITLE DELETE 3.111111 ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS D(TY+\$1-7-P 3.4 CITY - ST-ZIP TITLE DELFTE 4 1 TITLE ☐ Change ☐ Addition NAME 4.2 NAME 200001813072 -05/08/96--01045--005 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE [] DELETE ***200.00 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 6.111116 Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated or 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 en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 in changed, or on an attachment with an address.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: