

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

0186032

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
09 MAY -6 AM 9:12

**DOCUMENT # P97000069301**

1. Corporation Name  
**GROVE MIAMI HOLDINGS, INC.**



Principal Place of Business  
**C/O PEDRO A. MARTIN, ESO.  
1221 BRICKELL AVE 24TH FLOOR  
MIAMI FL 33131**

Mailing Address  
**C/O PEDRO A. MARTIN, ESO.  
1221 BRICKELL AVE 24TH FLOOR  
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created: **08/11/1997**
4. FEI Number: **13-3962449** 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 the current year Intangible Personal Property Tax:  Yes  No
10. Name and Address of New Registered Agent

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt #, etc		Suite, Apt #, etc	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
25		30	

9. Name and Address of Current Registered Agent

**MARTIN, PEDRO A ESO  
1221 BRICKELL AVE  
24TH FLOOR  
MIAMI FL 33131**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed in block of registrant and a printed name of the registrant

Signature typed or printed in block of registrant and a printed name of the registrant

OFFICE

12. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FISHER, STUART C</b>	
STREET ADDRESS	<b>1221 BRICKELL AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME: **President + Director**  Change  ADDITION

12 NAME: **Bruce Fahey**

13 STREET ADDRESS: **1221 Brickell Ave**

14 CITY-ST-ZIP: **Miami FL 33131**

22 NAME: **VP Treasurer / Director**  Change  ADDITION

23 STREET ADDRESS: **William K. Madden**

24 CITY-ST-ZIP: **1221 Brickell Ave**

33 NAME: **VP Director**  Change  ADDITION

34 STREET ADDRESS: **Martin G. Berger**

35 CITY-ST-ZIP: **1221 Brickell Ave**

44 NAME: **Miami FL 33131**

45 STREET ADDRESS: **Miami FL 33131**

54 CITY-ST-ZIP: **Miami FL 33131**

63 TITLE:  Change  ADDITION

62 NAME: **750 5/16/99**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption state in Section 139.02(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in ink. I am an officer or director of the corporation or the receiver 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **4/30/199** **914 273 1200**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)