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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000026451 (1)

SIERRA GROVE ASSOCIATES, INC.

Principal Place of Business Mailing Address												
3628 ROYAL PALM AVENUE					3628 ROYAL PALM AVENUE							
CONONUT GROVE FL 33133 US				COCONUT GROVE FL 33133					DO NOT WRITE IN THIS SPACE			
US				US					3. Date Incorporated or Qualified			
									04/04/1995			
2. Principal Pl	lace of Busine	98S	<u> </u>	2a. Maili	ng Address	 			4. FEI Number Applied For			
21				26					65-0572986 Not Applica			
Suite, Apt. #, etc.				Suite, Apt. #, etc.					\$9.75 A MINI			
22				27					6. Certificate of Status Desired Fee Required			
City & State				City & State					8. Election Campaign Financing \$5.00 May Be			
23				28					Trust Fund Contribution Added to Fees			
Zip	Zip Country			Zip Country			untry	/	8. This corporation owes or has paid the current year Intangible			
24	25			29 30					Personal Property Tax due June 30. Yes No			
	9. Name and Address of Current								10. Name and Address of New Registered Agent			
SCHMACHTENBERG, LEE C							81	Name				
1533 SUNSET DRIVE SUITE 201							82	Ctroot Ad	ddress (P.O. Box Number is Not Acceptable)			
							62	Sileet Au	duress (P.O. Box Number is Not Acceptable)			
MIAMI FL 33143							83			_		
		. •						0.				
							84	City	FL 85 Zip Code			
11. Pursuant t	o the provisio	ons of Sections 607.0	0502 and	607.150	08, Ftorida Statu	ites, the a	bove	e-named co	orporation submits this statement for the purpose of changing its register- oration's board of directors. I hereby accept the appointment as registered	ed		
office or re	egi ste red age m fam lliar with	ent, or both, in the St h, and accept the ob	ate of Fig	orida. Su s of Sect	ch change was ion 607 0505. E	authorize	of by	the corpor	ration's board of directors. I hereby accept the appointment as registered	į		
-	Trial Trial	i, and doopt ino oi	ngano n	0., 0000	1011 007 10000, 1	ionaa bia	Olor	o.				
SIGNATURE	Signature, typed o	r printed name of registered	agent and	title if applic	able (NC	TE Registere	d Age	ent signature req	equired when reinstating) DATE	-		
12.		OFFICERS .	AND DIF	RECTORS	3	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D				☐ DELETÉ	1.1 7	ITLE		☐ Change ☐ Addit	ion		
NAME	KUCZWANSKI, JOHN S				1.2 NA							
STREET ADDRESS 3628 ROYAL PALM AVE.				1.3 STREET ADDRE			TREET	ADDRESS				
CITY-ST-ZIP				1.4 C			ITY-S	T- ZIP				
TITLE	ST				DELETE	2.1 (ITLE		Change Addit	ion		
NAME		inski, gena				2.2 N	AME					
STREET ADDRESS				23			TREET	ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP COCONUT GROVE FL							ST-ZIP				
TITLE					DELETE	3.1 To	TLE		Change Addit	on		
NAME					3.2 N		AME					
STREET ADDRESS						3.3 S	TREET	ADDRESS		ļ		
CITY-ST-ZIP				3.4. C			ITY - S	ST-ZIP		ľ		
TITLE					DELETE	4.1 TI	TLE		Change Additi	on		
NAME	AME			4.2 N			AME					
STREET ADDRESS					4.3 STREET			ADDRESS				
CITY - ST- ZIP						4.4 C	ITY-SI	T-ZIP				
TITLE	-				DELETE	5.1 TI			Change Additi	on		
NAME						5.2 N	AME					
STREET ADDRESS						5351	REET	ADDRESS				
CITY-ST-ZIP							TY-SI					
TITLE					DELETE	6.1 Ti			☐ Change ☐ Additi	on		
NAME						6.2 N	AME			- 1		
STREET ADDRESS						6.3 ST	reet .	ADDRESS				

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 supplimental 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 another empowered as execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an atlast them with an address.