FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortian

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 528491

(4)

RODRIGUEZ GROVE SERVICES, INC.

**FILED** 

Apr 07 1998 8:00am

Secretary of State

Principal Place	e of Business	Mailing Address			i sanidi ditin tiant iditi nana ididi ffai nidit didit atali didit didit	
P.O. BOX 432495 P.O. BOX 432495						
SOUTH MIAMI FL 33243 SOUTH MIAMI FL 33243					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					02/24/1977	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
21 300 N. KRONE AVE. 26 P.O. BOX 4324				5	59-1724834   Not Applicable	
Suite, Apt. #, etc.  22 BUILDING 49 7 27 8					5. Certificate of Status Desired See Required	
City & State City & State					6. Election Campaign Financing \$5.00 May Be	
23 FLORIDA CITY IFC. 28 SOUTH MIAMIF					Trust Fund Contribution Added to Fees	
Zip 24 330	34 25 U S. A.	Zip	Country		8. This corporation owes or has paid the current year Inlangible	
24 330	9. Name and Address of Current		o U	SA	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
PO	ORIGUEZ, DIEGO	. Hogi-tiou gom	81	Name		
6890 SUNSET DR				82 Ctreet Addrson (D.O. Pay Number in Not Accordable)		
S #MAMI FL 33143				82 Street Address (P.O. Box Number is Not Acceptable)		
• (			83			
			84	City	op Z- Code	
			64	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, Soction 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered ager	I and title if applicable (NOTE: I	Registered Age	nt signature	e required when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	DELETE	. 11 TITLE		Change Addition	
NAME	RODRIGUEZ, DIEGO		1.2 NAME		DIEGO D. RODRIGUEZ 6890 SUNSET DR S. MIAMI FE. 33143	
STREET ADORESS	6890 SUNSET DR		1.3 STREET	ADURESS	G890 SUNSET DR.	
CITY-ST-ZIP	\$ MIAMI FL		1.4 City - S	1 - ZIP	S. MIAMI , FL. 33143	
TITLE	ST DANIES	☐ DELETE	2.1 TITLE		Change	
NAME .	RODRIGUEZ, DANIEL		2.2 NAME			
STREET ADDRESS	4400 GRANADA BLVD		2.3 STREET			
CITY-ST-ZIP	CORAL GABLEA FL VP	DELETE	2.4 CHY-5	T - ZIP	Change Addition	
TITLE	PEREZ REINALDO	CT OCCUE	3.1 TLE		LI Charge LI Addition	
NAME STREET ADDRESS	5081 SW 96 AVE.		3 2 N ME	ADDDECC		
	MIAMI FL		3.3 S REE1			
CITY-ST-ZIP TITLE	mirara 1 C	DELETE	3.4. TY-5	1 - 21P	Change Addition	
NAME		<del>_</del>	4. 2 ME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP				I - ZIP		
TITLE		☐ DELETÉ	5.1 E		Change Addition	
NAME			5.2 ME		15	
STREET ADDRESS			5.3 HEET	ADDRESS	, 511-4	
CITY - ST - ZIP			5.4 Y-S	1 - ZIP	4/	
TITLE		☐ DELETE	6.1 T LE		0000024307	
NAME			6.2 N ME			
STREET ADDRESS			6.3 S REET	ADDRESS	本本本100m0U	
CITY-ST-ZIP	add that the inferred Con and the Control	th this Oline share was a 1977	6.4 C 1Y - S		and in Contine 110 07/0V/// Floride Contine 11 mb - 1/2 m	
14. Thereby certify that the information supplied with this filing does not qualify for the extimption stated in Section 119.07(3)(i), 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 logal effect as if made under oath, that I am an						
officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutos; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.						