

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

FILED
Jun 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000008206 (9)
 1. Corporation Name
GROVE GRILL I. INC.



Principal Place of Business: **255 UNIVERSITY DRIVE CORAL GABLES FL 33134**
 Mailing Address: **255 UNIVERSITY DRIVE CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/28/1997**

4. FEI Number: **65-0477084**

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

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-28)

9. Name and Address of Current Registered Agent
DE ARMAS, J. ALFREDO
255 UNIVERSITY DRIVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent (81-85)
Andrew Kwiat
2665 S Bayshore Dr Suite 302
Cocoanut Grove FL 33133

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]* DATE: **4/17/98**

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input checked="" type="checkbox"/> DELETE
NAME	MCGUINNESS, LAWRENCE J	
STREET ADDRESS	255 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCGUINNESS, LAWRENCE J	
STREET ADDRESS	255 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DU MEUNIER, JEAN MARC	
1.3 STREET ADDRESS	2665 S Bayshore Dr Suite 302	
1.4 CITY-ST-ZIP	Cocoanut Grove FL 33133	
2.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FAZILLEAU, ERIC	
2.3 STREET ADDRESS	2665 S Bayshore Dr Suite 302	
2.4 CITY-ST-ZIP	Cocoanut Grove FL 33133	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LENTINI, ANDRE	
3.3 STREET ADDRESS	2665 S Bayshore Dr Suite 302	
3.4 CITY-ST-ZIP	Cocoanut Grove FL 33133	
4.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KWIAT, ANDREW	
4.3 STREET ADDRESS	2665 S Bayshore Dr Suite 302	
4.4 CITY-ST-ZIP	Cocoanut Grove, FL 33133	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	900002562213	
6.3 STREET ADDRESS	-06/17/98-01008-035	
6.4 CITY-ST-ZIP	***158.75	

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 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 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.

SIGNATURE: *[Signature]* DATE: **4/17/98** **305 PFC 7746**

CR2E034 (10/97)