

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. McMath Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000008223 (4) N/C 5/18/98

1. Corporation Name
GROVE ██████████
Group Holdings, INC.

Principal Place of Business 255 UNIVERSITY DRIVE CORAL GABLES FL 33134	Mailing Address 255 UNIVERSITY DRIVE CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 01/28/1997	
4. FEI Number 65-0477084	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Name Andrew Kwiat		
82 Street Address (P.O. Box Number is Not Acceptable) 2665 S Bayshore Drive Suite 302		
83		
84 City Coconut Grove	FL	85 Zip Code 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE **4/7/98**

12. OFFICERS AND DIRECTORS

TITLE	PTSD	<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

11 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	MEUNIER, JEAN MARC	
13 STREET ADDRESS	2665 S Bayshore Dr Suite 302	
14 CITY-ST-ZIP	Coconut Grove, FL 33133	
21 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	FAZILLEAU, ERIC	
23 STREET ADDRESS	2665 S Bayshore Dr Suite 302	
24 CITY-ST-ZIP	Coconut Grove FL 33133	
31 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	LENTINI, ANDRE	
33 STREET ADDRESS	2665 S Bayshore Dr Suite 302	
34 CITY-ST-ZIP	Coconut Grove FL 33133	
41 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	KWIAT, ANDREW	
43 STREET ADDRESS	2665 S Bayshore Dr Suite 302	
44 CITY-ST-ZIP	Coconut Grove FL 33133	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	000002562220	
63 STREET ADDRESS	-06/17/98-01006-036	
64 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.

CR2E034 (10/97)

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