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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:26

DOCUMENT # 286975 (8)

1. Corporation Name
GARGROVE, INC.

Principal Place of Business	Mailing Address
[illegible]	[illegible]
[illegible]	[illegible]
CORAL GABLES FL 33146	CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/12/1964	04/26/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21 4710 82nd Ave	26 2333 Ponce de Leon Bl	59-1119801	Applied For / Not Applicable
22 Suite, Apt. #, etc.	27 #1110	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State: Vero Beach, FL	28 City & State: Coral Gables	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip: 32967 / 25 Country: USA	29 Zip: / 30 Country:	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes X Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BARNS, PAUL D., JR. 1570 MADRUGA AVENUE ~~#216~~ #211 CORAL GABLES FL 33146	81 Name: Paul D. Barns, Jr. 82 Street Address (P.O. Box Number is Not Acceptable): 1570 Madruga Ave, Suite 211 83 84 City: Coral Gables FL 85 Zip Code: 33146

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 _____ DATE:
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~ VP	11 TITLE	PD ☒ Change ☐ Addition
NAME	JIMENEZ, JUAN I	12 NAME	Vergara, Carlos M.
STREET ADDRESS	1500 SAN REMO AVE. #205	13 STREET ADDRESS	2333 Ponce de Leon Blvd
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	Coral Gables, FL 33134 #1110
TITLE	ST	21 TITLE	STD ☒ Change ☐ Addition
NAME	BARNS, PAUL D JR	22 NAME	Barns, Paul D. Jr.
STREET ADDRESS	1570 MADRUGA AVE #216	23 STREET ADDRESS	1570 Madruga Ave, #211
CITY-ST-ZIP	CORAL GABLES FL 33146	24 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	~~VPD~~ PD	31 TITLE	VD ☐ Change ☐ Addition
NAME	VERGARA, CARLOS M.	32 NAME	Jimenez, Juan I.
STREET ADDRESS	2333 PONCE DE LEON BLVD. #1110	33 STREET ADDRESS	2833 Ponce de Leon Blvd #1110
CITY ST ZIP	CORAL GABLES FL 33134	34 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Paul D. Barns Paul D. Barns, Jr. 3/30/95 666-6177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0100018 CP