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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

286975

(8)

FILED						
May 01 1998	8:00am					
Secretary of	State					

GARG	arove, inc.				
Principal Place of Business Mailing Address			- I FOULD FROM FROM THIS THIS IDEA I BIRL I	ILDII BIBIR BIBIL BIBIR BIBIR DIBIR 1880	
4710 82ND AVE SUITE 205 VERO BEACH FL 32967		80 SW 8TH ST #2120 MIAMI FL 33130		DO NOT WRITE IN THIS SPACE	
US	011 12 4E001	US		3. Date Incorporated or Qualified	
				11/12/1964	
· ·	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1119801	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	7 _(p)	Country	Trust Fund Contribution	
24	25		30	 This corporation owes or has paid the Personal Property Tax due June 30. 	e current year intangible Yes No
	9. Name and Address of Curren		501	10. Name and Address of New Regist	
P	ARNS, PAUL D., JR.		81 Name		
	570 MADRUGA AVENUE		82 Street Addre	ARLOS M. Vergara	
	216		BO	ess (P.O. Box Number is Not Acceptable)	
	ORAL GABLES FL 33148		83	uta 2120	
			84 City	iami	FL 85 Zip Code 33130
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statutes			ose of changing its registered
office or I	registered agent, or both, in the State	of Honda, Such change was au	thorized by the corporati	oration submits this statement for the purp- ion's board of directors. I hereby accept th	c appointment as registered
ł	artification with a literature of the ordings	ations of, Section bor. 0505, Fion	iua sialules.	U-:	10-98
SIGNATURE	Signature, typou or protect same of registered age	nt and title if applicable [MOTE:	Registered Agent signature require	ed when reinstating) D	ATE
12.	OFFICERS AND	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
TITLE	VD	☐ DELETE	1.5 TOTCE		Change Addition
NAME	JIMENEZ, JUAN I		1.2 NAME		
STREET ADDRESS	4710-82ND. AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		1.4 C(1) Y - ST - Z(P		
TITLE	STO	☐ DELETE	21 TITLE		Change Addition
NAME	BARNS, PAUL D JR		2 2 NAME		
STREET ADDRESS	1570 MADRUGA AVE, #211		2 3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		2 4 CITY-ST-ZIP		
TITLE	PD	DELETE	31 TITLE		Change Addition
, NAME	VERGARA, CARLOS M.		3.2 NAME		
STREET ADDRESS	4710-82ND AVENUE		3.3 STREET ADORESS		
CITY-ST-ZIP	VERO BEACH FL	DELETE	3.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP		Change Addition
		L DELETE	5.1 TITLE		The change Throughout
NAME PTOCET ADDDECC			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		E Second	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
ATTITUDE UPDATEDO	1		W.O OTHER I ADDRESO		

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 empewered 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.

6.4 CITY - S1 - ZIP

SIGNATURE:

CITY-ST-ZIP

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4-20-98

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