FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996			DIVISION OF CORPORATIONS				
DOCUM 1. Corporation	Name	2387	(0)				
HORY	GROVE, INC.				<u> </u>	AND MAN AND DIEN DIEN	
Principal Place o	of Business	Mailin	g Address				
2200 MUSE			200 Museum Tower				
150 WEST FLAGLER ST. MIAMI FL 33130		1.	150 WEST FLAGLER ST. MIAMI FL 33130				
will the or	V140	•	10 Mil 1 L 50150		3. Date Incorporated or Qualified 12/15/1976	3a. Date of Las	t Report I/1995
2. Principal Plac	ce of Business	j	aiting Address	~01·120	4. FEI Number		Applied For
Suite, Apl. #	. etc	26 Si	P1,Q1, D0 / iite, Apt. #, etc.	524138	59-1894023	\$8	Not Applicable 75 Additional
22		27			5. Certificate of Status Desired	147	ee Required
City & State		28 \	ty & State Viami	3 l	Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip	Country	Z ₁	n	Country	8. This corporation has liability for	intangible tax unde	
24	25 9. Name and Address of	29 Current Register	33152-4135	30 US 173	Florida Statutes Yes 10. Name and Address of New F	No Registered Agent	
				81 Name			
	, OWEN S.			82 Street Addre	ss (P.O. Box Number is Not Acceptal	ile)	
150 WEST FLAGLER ST. 2200 MUSEUM TOWER				83			
	FL. FL 33130			84 City		95	Zip Code
		07.000	700 F			FLII	
or rea stere	o the provisions of Sections b ed agent, or both, in the State n, and accept the obligations	e of Florida. Such ch	iango was authorized	by the corporation's board	ition submits this statement for the pu d of directors. I hereby accept the app	rpose or changing pointment as regist∈	red agent. Lam
SIGNATURE	i, and accept the congations	UI, 380001: 007.030	oo, Honda Statutes.				
12.	Signature, typest or princed name of regis	viodajentasi tite Cajiji ERS AND DIRECTO		Registere J Agent signar increasing 3	ADDITIONS/CHANGES TO OFF	DAIL	CTORS IN 12
TITLE	S	LHS AND DIRECTO	DELETE	1.1 TITLE	ADDITIONS/GNANGES TO OFF	Chan	
NAME	FREED, OWEN S.			1.2 NAMÉ			
STREET ADDRESS	150 WEST FLAGLER	STREET		1.3 STREET ADDRESS			
CITY-ST-7IP TITLE	MIAMI FL PD	_	DELFTE	1 4 C:TY - ST - ZIP 2 1 T:TLE		Chan	ige
NAME	FRANCO, BIOCCHI			2.2 NAME			a. C
STREET ADDRESS	8225 N.W. 68TH ST			2.3 STREET ADDRESS			
CHY-ST ZIP	MIAMI FL		DEVETE	2.4 CITY - ST - Z-P - 3.1 TPLE		□ Char	ge [T] Addition
TITLE NAME	TD Curatolo, Maria	v		3 2 NAME		L. Orial	gs [] Addition
STREET ADDRESS	8225 N.W. 68TH ST	**		3.3 STREET ADDRESS			
CHTY - ST - ZIP	MIAMI FL			3.4 City ST-ZP			
THEF			DELETE	4 1 TILLE		Char	ige
NAME STREET ADDRESS				4.2 NAME 4.3 STREET ADDRESS			
CITY - ST - ZIF				4 4 CITY - ST - ZIP			
TIELE			DELETE	5 1 TITLE		☐ Char	nge 🔲 Addition
MAME				S 2 NAME			
STREET ADDRESS C-1Y-ST-ZIP				5 3 STREET ADDRESS 5 4 City - St - Zip			
T.TLE			DELETE	6 1 TILLE		Char	nge 🔲 Addition
NAME				6.2 NAME			
STREET ADDRESS				€ 3 STREET ADDRESS			
0:1Y-SI-ZiP 14. I do hereby	v certify that the information s	upplied with this filin	ng is voluntarily furnis	€ 4 City - Sti-ziP ned and does not qualify fo	or the exemption stated in Section 119	1.07(3)(k), Florida S	atutes. I further
certify that	the information indicated on.	this annual renoct o	r supolemental annua	I report is true and accurat	e and Inat my signature shall have the report as required by Chapter 607, F	same legal effect.	as if made under 🔝 L
SIGNAT	URE:	TYPES ON PRINTED NA	OWEN S		2/29/96	30S	789-3456