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Feb 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F83207

(3)

1. Corporation Name

GREEN'S GOURMET GROVES, INC.

Principal Place of Business

% BETTE ELLEN QUIAT
8525 S.W. 82ND STREET, STE. B-5
MIAMI FL 33156

Mailing Address

% BETTE ELLEN QUIAT
8525 S.W. 82ND STREET, STE. B-5
MIAMI FL 33156-7393



3. Date Incorporated or Qualified
05/28/1982

3a. Date of Last Report
09/06/1996

2. Principal Place of Business

21 Green's Gourmet Groves
Suite, Apt #, etc

22 City & State
Miami, FL

23 Zip 33176 Country USA

24 9. Name and Address of Current Registered Agent

GREEN, JOAN
10905 S.W. 119 STREET
MIAMI FL 33176

2a. Mailing Address

26 10905 S.W. 119 St
Suite, Apt #, etc

27 City & State

28 Zip Country

29 10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	DELETE
NAME	GREEN, JEREMY	
STREET ADDRESS	10905 S.W. 119 STREET	
CITY-ST-ZIP	MIAMI, FL 0	
TITLE	PSD	DELETE
NAME	GREEN, JOAN	
STREET ADDRESS	10905 S.W. 119 STREET	
CITY-ST-ZIP	MIAMI, FL 0	
TITLE	T	DELETE
NAME	GREEN, DAVID	
STREET ADDRESS	10905 S.W. 119 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 and typed or printed name of signing officer or director
Date
Daytime Phone #

CR2E034 (9/96)