SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Jul 22 1997 8:00am Secretary of State

	1997	DIVISION OF CO	DRPORATIONS		i j oi state
DOCUI 1. Corporation PINNAC	MENT # H29253 CLE GROUP, INC.	3 (2)			
					I juliu andia andia juliu andia andia
Principal Place of Business Mailing Address 3511 ROYAL PALM AVE. 3511 ROYAL PALM AVE. COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 US US			93		
. 00		US		DO NOT WRITE 3. Date Incorporated or Qualified	3a. Date of Last Report
9 Principal P	lace of Business	2a. Mailing Address		11/05/1984 4. FEI Number	05/14/1996 Applied For
21	INCA OF DUSINGSS	26		59-2465647	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Dosired	\$8.75 Additional Fee Required
City & State	Ð	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution 8. This corporation owes or has pai	
24	25		30	Personal Property Tax due June	30. Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Reg	istered Agent
	REY, JACK 1 ROYAL PALM AVE.				
COCOUNUT GROVE FL 33133			82 Street Addr	ess (P.O. Box Number is Not Acceptable	o) !
;			83		
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above-named corn	poration submits this statement for the pr	roose of changing its registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was au	thorized by the corporati	ion's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	, -	,	di oparato.		
12.	Signature, typed or printed name of registered agen OFFICERS AND		Registered Agent signature require 13.	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE
TITLE	P	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	COREY, JACK		1.2 NAME		
STREET ADDRESS	3511 ROYAL PALM AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL	- Indian	1.4 City-St-Zip		
TITLE NAME		☐ DELETE	2.1 PITLE 2.2 NAME		L Change Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		ļ
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-S1-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		La Grange La Monton
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		ļ
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		į
CITY-ST-ZIP		_/	6.4 CiTY - ST - ZiP		
14. I do heret	by 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

supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under or the reference or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name of or an effectment with an address. Information indicated on the lam an officer or director of appears in Block 12 or Block

11/97