

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

FILED  
Feb 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J58534 (5)  
1. Corporation Name  
UPSTAIRS IN THE GROVE, INC.



Principal Place of Business 3162 COMMODORE PLAZA #2A MIAMI FL 33133-5815	Mailing Address 3162 COMMODORE PLAZA #2A MIAMI FL 33133-5815
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 N. WATERWAY DR Suite, <del>104</del> 104 City & State 23 MIAMI FL Zip 24 33155-2827		2a. Mailing Address 26 N WATERWAY DR Suite, <del>Apartment</del> 104 City & State 28 Zip 29 33155-2827		3. Date Incorporated or Qualified 02/24/1987	
Country 25 USA		Country 30 USA		4. FEI Number 59-2802361 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAMAR, LUIS B.  
601 TIZIANO  
CORAL GABLES FL 33134

81 Name	ANA M RIVERO
82 Street Address (P.O. Box Number is Not Acceptable)	90 EDGEWATER DR #208
83	
84 City	MIAMI FL
85 Zip Code	33133

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

*Ana Rivero*

17-2-98

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPRUBI, JOSE	1.2 NAME	
STREET ADDRESS	3162 COMMODORE PLAZA 2A	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33133	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMAR, LUIS B.	2.2 NAME	ANA RIVERO
STREET ADDRESS	601 TIZIANO	2.3 STREET ADDRESS	90 EDGEWATER DR #208
CITY-ST-ZIP	CORAL GABLES FL 44143	2.4 CITY-ST-ZIP	MIAMI FL 33133
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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:

17-2-98 (305) 267 6648

CR2E034 (10/97)