

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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90187 013 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **J58534** (5)  
1. Corporation Name  
**UPSTAIRS IN THE GROVE, INC.**



Principal Place of Business Mailing Address  
**3162 COMMODORE PLAZA #2A** **3162 COMMODORE PLAZA #2A**  
**MIAMI FL 33133-5815** **MIAMI FL 33133-5815**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/24/1987</b>	
4. FEI Number <b>59-2802361</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> 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	

2. Principal Place of Business 21 <b>7001 N. WATERWAY DR.</b>		2a. Mailing Address 26 <b>7001 N. WATERWAY DR.</b>	
Suite, Apartment, etc. 22 <b>104</b>		Suite, Apartment, etc. 27 <b>104</b>	
City & State 23 <b>MIAMI FL</b>		City & State 28	
Zip 24 <b>33155-2827</b>	Country 25 <b>USA</b>	Zip 29 <b>33155-2827</b>	Country 30 <b>USA</b>

g. Name and Address of Current Registered Agent

**LAMAR, LUIS B.**  
**601 TIZIANO**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ DATE **APR 7-1999**  
Signature, typewritten or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

SIGNATURE: \_\_\_\_\_

**APR 7-1999 305-267-6648**

CR2E034 (10/97)