

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J96561 (2)

1. Corporation Name

SUN GROVES MIAMI, INC.



Principal Place of Business

% JEFFREY A. BERNSTEIN
100 N. BISCAYNE BLVD. STE 1707
MIAMI FL 33132

Mailing Address

% JEFFREY A. BERNSTEIN
100 N. BISCAYNE BLVD. STE 1707
MIAMI FL 33132

3. Date Incorporated or Qualified
10/09/1987

3a. Date of Last Report
05/26/1995

2. Principal Place of Business

21 33250 SW 210 AVE

Suite, Apt. #, etc.

22 City & State

23 HOMESTEAD FLA

24 Zip

33030

25 Country

USA

2a. Mailing Address

26 P.O. Box 4409

Suite, Apt. #, etc.

27 City & State

28 PRINCETON FLA

29 Zip

33032

30 Country

USA

4. FET Number
65-0010914

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERNSTEIN, JEFFREY A.
100 N. BISCAYNE BLVD.
SUITE 1707
MIAMI FL 33132

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 the (if applicable)

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

D
NAME HOSANG IVA
STREET ADDRESS 11621 SW 105 TERRACE
CITY-ST-ZIP MIAMI FL

2. TITLE

NAME CHEN, WILLIAM, JR
STREET ADDRESS 8741 SW 193 TERRACE
CITY-ST-ZIP MIAMI FL

3. TITLE

NAME HOSANG AUDREY
STREET ADDRESS 11621 S.W. 105 TERR.
CITY-ST-ZIP MIAMI FL

4. TITLE

NAME CHEN, CARMEN
STREET ADDRESS 8741 S.W. 193 TERR.
CITY-ST-ZIP MIAMI FL

5. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/96

Daytime Phone #

CR2E034 (12/95)