FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K70409** **(3)**

1. Corporation Name

GROVE ISLE YACHT CORPORATION

Principal Place of Business	Mailing Address
~~1470 N.E. 123RD STREET, #707~~ ~~NORTH MIAMI FL 33161~~	1470 N.E. 123RD STREET, #707 NORTH MIAMI FL 33161

2. Principal Place of Business	2a. Mailing Address
21 2450 MIAMI GARDENS DR	26
Suite, Apt. #, etc 22 2nd FLOOR	Suite, Apt. #, etc. 27
City & State 23 MIAMI	City & State 28
Zip / Country 24 33180 / 25 FL.	Zip / Country 29 / 30

3. Date Incorporated or Qualified 03/06/1989	3a. Date of Last Report 09/28/1995
4. FEI Number 65-0135809	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

CAPUZZO, GIORGIO
1470 N.E. 123RD STREET, #707
NORTH MIAMI FL 33161

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: _____ INOTE: Registered Agent signature required when reinstating. DATE: _____
Signature, typed or printed name of Registered Agent & Title, if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☒ DELETE	11 TITLE	P ☒ Change ☐ Addition
NAME	~~LEONARDI, ROBERTO~~	12 NAME	SIEVE LEONIDA
STREET ADDRESS	~~1470 NE 123RD ST., #707~~	13 STREET ADDRESS	2450 MIAMI GARDENS DR.
CITY-ST-ZIP	~~N. MIAMI FL 33161~~	14 CITY-ST-ZIP	MIAMI, FL 33180
TITLE	☐ DELETE	21 TITLE	V.P ☐ Change ☒ Addition
NAME		22 NAME	BISON GIANNI
STREET ADDRESS		23 STREET ADDRESS	2450 MIAMI GARDENS DR
CITY-ST-ZIP		24 CITY-ST-ZIP	MIAMI, FL 33180
TITLE	☐ DELETE	31 TITLE	TREASURER ☐ Change ☒ Addition
NAME		32 NAME	DAL CANTO MASSIMO
STREET ADDRESS		33 STREET ADDRESS	2450 MIAMI GARDENS DR.
CITY-ST-ZIP		34 CITY-ST-ZIP	MIAMI, FL 33180
TITLE	☐ DELETE	41 TITLE	SECRETARY ☐ Change ☒ Addition
NAME		42 NAME	CAPUZZO GIORGIO
STREET ADDRESS		43 STREET ADDRESS	1470 N.E 123rd ST. #707
CITY-ST-ZIP		44 CITY-ST-ZIP	N. MIAMI, FL. 33161
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 added, or attached with an address.

SIGNATURE: _____ SECRETARY 6-17-96 (305) 892-2553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #