

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

FILED
Mar 12 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 # L58108 (6)
1. Corporation Name
COCONUT GROVE VENTURES, INC.

Principal Place of Business

3670 GRAND AVE
COCONUT GROVE FL 33133
US

Mailing Address

P.O. BOX 330075
COCONUT GROVE FL 33233-0075
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3672 Grand Avenue Suite, Apt. #, etc. 22 City & State 23 Coconut Grove, Florida Zip Country 24 33233 25		2a. Mailing Address 26 P.O. Box 330075 Suite, Apt. #, etc. 27 City & State 28 Coconut Grove, Florida Zip Country 29 33233-0075 30		3. Date Incorporated or Qualified 03/19/1990 4. FEI Number 65-0240074 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	
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9. Name and Address of Current Registered Agent

ALEXANDER, DAVID
3582 GRAND AVENUE
COCONUT GROVE FL 33133

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 officer 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 title if applicable

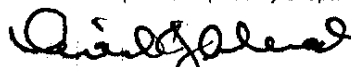
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, RONALD	1.2 NAME	
STREET ADDRESS	3481 HIBISCUS ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	TS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, JOHN M.	2.2 NAME	
STREET ADDRESS	983 N.E. 153RD ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, DAVID	3.2 NAME	
STREET ADDRESS	6800 SW 75 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPE, ISIAH	4.2 NAME	
STREET ADDRESS	3374 SW 37 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAXTER, KAYE ANN	5.2 NAME	
STREET ADDRESS	17727 SW 28 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	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: Mr. David J. Alexander



3/5/98

(305) 446-3095

CR2E034 (10/97)