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Secretary of State

04-23-1999 90251 026 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L58108

1. Corporation Name

COCONUT GROVE VENTURES, INC.

Principal Place of Business

3672 GRAND AVE
COCONUT GROVE FL 33233
US

Mailing Address

P O BOX 330075
COCONUT GROVE FL 33233-075
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1990

4. FEI Number

65-0240074

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 **Yvonne M. McDonald**

82 Street Address (P.O. Box Number is Not Acceptable)

3631 Franklin Ave.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


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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/13/99

12. OFFICERS AND DIRECTORS

TITLE **VP** ☐ DELETE
NAME FOX, RONALD
STREET ADDRESS 3481 HIBISCUS ST.
CITY-ST-ZIP MIAMI FL
TITLE **P** ☐ DELETE
NAME ALEXANDER, DAVID
STREET ADDRESS 6800 SW 75 TERRACE
CITY-ST-ZIP MIAMI FL
TITLE **D** ☐ DELETE
NAME POPE, ISIAH
STREET ADDRESS 3374 SW 37 AVE
CITY-ST-ZIP MIAMI FL
TITLE **D** ☒ DELETE
NAME BAXTER, KAYE ANN
STREET ADDRESS 17727 SW 28 ST
CITY-ST-ZIP MIRAMAR FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SECRETARY** ☐ Change ☒ Addition
1.2 NAME John Little
1.3 STREET ADDRESS 3000 Biscayne Blvd., # 500
1.4 CITY-ST-ZIP Miami, FL 33137
2.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
2.2 NAME Andy Parrish
2.3 STREET ADDRESS 6075 Sunset Dr., #203
2.4 CITY-ST-ZIP Miami, FL 33143
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE


Yvonne M. McDonald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13, 1999

Date

(305) 446-3095

Daytime Phone #

-CR2E034 (11/98)