PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90022 012 \*\*\*150.00

1. Corporation	MENT # L60165 IN THE GROVE, INC.							
Principal Place	e of Business	Mailing Address				JII QAQIA BIDII Q		
C/O MARIA CO	PRTINA	C/O MARIA CORTINA						
2601_SOUTH_BAYSHORE;DRIVES-2602601_SOUTH_BAYSHORE:D					DO NOT WRITE IN THIS SPACE			
COCONUT GRO	OVE FL 33133	COCONUT GROVE FL=3313	3		3. Date Incorporated or Qualifed		_	1
		•	Jr. 10	_	03/21/1990			ł
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For	
26		26			65-0182866	No	t Applicable	}
		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 ₽		ĺ
22		27			y. Continue of Clarks Desired	Fee Re	quired	
City & State City & State					6. Election Campaign Financing	\$5.00		
23					Trust Fund Contribution	Added to	o Fees	1
Zip	Country Zip			y	This corporation owes the current year Inta     Personal Property Tax.		□No	l
24	9. Name and Address of Currer	<del></del>	30		10. Name and Address of New Registered A			
	S. Hallis and Address of Carre	it lagintared rigon	81	Name		<u> </u>	_	
COR	ITINA, MARIA		1	04	(D.O. Day Number in Net Assentable)			1
2601 SOUTH BAYSHORE DRIVE			82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
S-260			83					
COC	ONUT GROVE FL 33133		84	City		85 Zip C	ode.	
				1	FL_			
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	ithorized by	the corporation	oration submits this statement for the purpose of con's board of directors. I hereby accept the appoint	hanging its iment as rec	registered -	-
SIGNATURE	Signature, typed or printed name of registered age	<del></del>		nt signature require				6
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTO Change	RS IN 12	5
TITLE	P. DELETE		1.1 TITLE			☐ Criange	C) Addition	-
NAME	CORTINA, MARIA		1.2 NAME	T 4000000				8
STREET ADDRESS	2990 SW 27 LANE			TADORESS		•		5
CITY-ST-ZIP TITLE	MIAMI FL 33133  VP DELETE		1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition	5
NAME	GARCIA, ANNETTE		2.2 NAME				_	
STREET ADDRESS	2990 SW 27 LANE		1	TADORESS	· .			Ì
CITY-ST-ZIP	MIAMI FL 33133		2. 4 CITY-	1	`			
TITLE	VP DELETE		3.1 TITLE			Change	☐ Addition	
NAME	RAMOS, MARTA MARIA		3.2 NAME		`- -			
STREET ADDRESS	2990 SW 27 LANE		3.3 STREE	TADORESS				1
CITY-ST-ZIP	MIAMI FL 33133		3.4. CITY-5	ST-ZIP				ĺ
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME	· . ———————————————————————————————————	·- · · · · · · · · · · · · · · · ·	4, 2 NAME	~ {	and the second			l
STREET ADDRESS				TADDRESS	•			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	ST-ZIP		Change	☐ Addition	
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NAME				T ADDRESS			Ï	ļ
STREET ADDRESS			5.4 CITY-S	1			1	ļ
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME			_ •	_	
STREET ADDRESS				TADDRESS				1
OTT OT 710			6.4 CITY-S	i				

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 attactyment with an address, with all other like empowered.

SIGNATURE:

SILVINGE COLUMN SILVINGE OF SIGNAG OFFICER OF DIRECTOR

1299 305-8545956 Date Dayline Phone #