SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **L73589** **(8)**

1. Corporation Name
CHATEAU GROVE, INC.

Principal Place of Business	Mailing Address
6099 SW 90TH STREET 5433 SW 148TH CT MIAMI FL 33156 US	6099 SW 90TH STREET 5433 SW 148TH CT MIAMI FL 33156 US

3. Date Incorporated or Qualified: **05/17/1990**
3a. Date of Last Report: **03/13/1995**

2. Principal Place of Business
21 **5825 Sunset Drive**
Suite, Apt. #, etc
22 **210**
City & State
23 **South Miami, Florida**
Zip 24 **33143** Country 25 **Dade**

2a. Mailing Address
26 **5825 Sunset Drive**
Suite, Apt. #, etc
27 **210**
City & State
28 **South Miami, Florida**
Zip 29 **33143** Country 30 **Dade**

4. FEI Number: **65-0312078** ☐ 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

PREVITI, PETER
5825 SUNSET DR #210
MIAMI FL 33143

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 _____ (NOTE: Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	Pres,Secretary, Treasurer	☒ Change ☐ Addition
NAME	ISSA, VICTOR		1.2 NAME	Director	
STREET ADDRESS	6099 SW 90 STREET		1.3 STREET ADDRESS	Peter Previti, 5825 Sunset Drive Suite210	
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY-ST-ZIP	Miami, Florida 33143	
TITLE	ST	☒ DELETE	2.1 TITLE	Director	☒ Change ☐ Addition
NAME	ISSA, MARIANNE		2.2 NAME	Timothy Morgan	
STREET ADDRESS	609 SW 90 ST.		2.3 STREET ADDRESS	6001 NW 153 Street	
CITY-ST-ZIP	MIAMI FL 33156		2.4 CITY-ST-ZIP	Miami Lakes, Florida 33014	
TITLE		☐ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME			3.2 NAME	Heather Previti	
STREET ADDRESS			3.3 STREET ADDRESS	5825 Sunset Drive,Suite 210	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Miami, Florida 33143	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7-10-96 662-9504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #