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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 23 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P40863 (3)

1. Corporation Name

GRACE COCOA LIMITED PARTNERS I, INC.

Principal Place of Business

**ONE TOWN CENTER ROAD
BOCA RATON FL 33486-1010**

Mailing Address

**ONE TOWN CENTER ROAD
BOCA RATON FL 33486-1010**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/08/1992

3a. Date of Last Report
04/27/1994

4. FEI Number
65-0344211

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**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **B**
NAME **BOLDUC, J.P.**
STREET ADDRESS **3000 S. OCEAN BLVD**
CITY - ST - ZIP **BOCA RATON FL**

TITLE **P**
NAME **SMITH, B.J.**
STREET ADDRESS **5103 CORONADO RIDGE**
CITY - ST - ZIP **BOCA RATON FL**

TITLE **B**
NAME **ROBBINS, D. WALTER**
STREET ADDRESS **47008 CASTLEBAY COURT**
CITY - ST - ZIP **BOCA RATON FL**

TITLE **VAT**
NAME **CHADER, G.H.**
STREET ADDRESS **21712 CLUB VILLA TERRACE**
CITY - ST - ZIP **BOCA RATON FL**

TITLE **S**
NAME **LAMM, R.B.**
STREET ADDRESS **5188 MAJORCA CLUB DRIVE**
CITY - ST - ZIP **BOCA RATON FL**

TITLE **TV**
NAME **HOUCHIN, P.D.**
STREET ADDRESS **11900 NW 5TH STREET**
CITY - ST - ZIP **PLANTATION FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **Vacant**
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE **Director & President** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Vacant**
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **60 Ravine Avenue**
4.4 CITY - ST - ZIP **Wyckoff, NJ 07481**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **2588 NW 64th Blvd.**
5.4 CITY - ST - ZIP **Boca Raton, FL 33496**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 110.07(3)(b), 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 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 attached list within address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P.D. Houchin

4/20/95 407-362-1306

Date

Telephone Number