E NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 7:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000027273 (0)**

Corporation Name
IN GROVE MAGAZINE, INC.

Principal Place of Business	Mailing Address
100 COLLINS AVENUE SUITE 1918 MIAMI BEACH FL 33139 US	100 COLLINS AVENUE SUITE 1918 MIAMI BEACH FL 33139 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/13/1993	3a. Date of Last Report: 08/12/1994
4. FEI Number: 55-9041874	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PIOMBO, RAUL H
100 COLLINS AVE.
SUITE A
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

01 Name	Scott Cagan, Esq.
02 Street Address (P.O. Box Number is Not Acceptable)	501 Brickell Key Drive, #300
03	BHJ&B
04 City	Miami, FL 05 Zip Code 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P-D	☒ Change ☐ Addition
NAME	GUILLEN, MARINA	12 NAME	Indrani S. Radhakishun	
STREET ADDRESS	100 COLLINS AVENUE, SUITE A	13 STREET ADDRESS	1688 Meridian Ave, #707	
CITY-ST-ZIP	MIAMI BEACH FL	14 CITY-ST-ZIP	Miami Beach, Fl 33139	
TITLE	V	21 TITLE	V-D	☒ Change ☐ Addition
NAME	RADHAKISHUN, INDRANI S.	22 NAME	Guillen Marina	
STREET ADDRESS	100 COLLINS AVENUE, SUITE A	23 STREET ADDRESS	1688 Meridian Ave, #707	
CITY-ST-ZIP	MIAMI BEACH FL	24 CITY-ST-ZIP	Miami Beach, Fl	
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	PIOMBO, RAUL H.	32 NAME		
STREET ADDRESS	100 COLLINS AVENUE, SUITE A	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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 alteration.

SIGNATURE: Marina Guillen 4-19-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0146700 CP