

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PH 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000061351 (1)

1. Corporation Name

GROVE ISLE INVESTMENTS, INC.

Principal Place of Business

Mailing Address

2701 S BAYSHORE DR
COCONUT GROVE FL 33133

2701 S BAYSHORE DR
COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/27/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0434451

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. 1961 (2)(2),
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc

26 Sub. Apt. #, etc

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHIFFMAN, ADAM R
2999 NE 191 ST
STE 905
N MIAMI BEACH FL 33180

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607 (04)(2) and 607 (1)(8), 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 (05)(5), Florida Statutes.

SIGNATURE

(Name of registered agent, if not listed elsewhere on this report)

(Name of registered agent, if not listed elsewhere on this report)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME	D
12.2 NAME	WIENER, MAURICE
12.3 STREET ADDRESS	2701 S BAYSHORE DR
12.4 CITY, STATE, ZIP	COCONUT GROVE FL 33133
12.5 TITLE	D
12.6 NAME	ROTHSTEIN, LAWRENCE
12.7 STREET ADDRESS	2701 S BAYSHORE DR
12.8 CITY, STATE, ZIP	COCONUT GROVE FL 33133
12.9 TITLE	D
12.10 NAME	GRAY, LEE
12.11 STREET ADDRESS	2701 S BAYSHORE DR
12.12 CITY, STATE, ZIP	COCONUT GROVE FL 33133
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY, STATE, ZIP	
12.16 NAME	
12.17 STREET ADDRESS	
12.18 CITY, STATE, ZIP	
12.19 NAME	
12.20 STREET ADDRESS	
12.21 CITY, STATE, ZIP	

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, STATE, ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, STATE, ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, STATE, ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, STATE, ZIP	

14. I hereby certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 131.02(4)(b), Florida Statutes. I further certify that the information 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 this corporation or the owner or trustee empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report. I am attaching with this filing:

SIGNATURE: **Lawrence Rothstein**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4/27/95

305 854 6803