FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 26 1997 8:00am
Secretary of State

DOCUMENT # P93000077571 (6)

1. Corporation Name

GROMOUV INC.

Principal Place of Business	Mailing Address
2760 E OAKLAND PARK BLVD FT LAUDERDALE FL 33306	2760 E OAKLAND PARK BLVD FT LAUDERDALE FL 33306-1605

3. Date Incorporated or Qualified	3a. Date of Last Report
11/04/1993	04/24/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	65-0450022	Applied For / Not Applicable

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GROMOUV, ALEXANDER
3621 LIME HILL RD
LAUDERHILL FL 33319

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 signature required when reinstating)   DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
D ☐ DELETE TITLE NAME YAKUBOUFKAYA, NINA STREET ADDRESS 3621 LIME HILL RD CITY-ST-ZIP LAUDERHILL FL 33319	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 attachment with an address.

SIGNATURE: *Nina Zucher* Date 3/14/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Daytime Phone #

0262138