FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 06 1998 8:00am

Secretary of State

Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400008585 (9)

IN THAT GROOVE, INC.

CITY-\$T-ZIP

TITLE

NAME Street address

Principal Place of Business Mailing Address			a tanadati sin basi arati antii antii antii antii antii antii antii antii talai alii talai alii i dal		
		11970 S.W. 19TH LANE			
UNIT 193 Miami Fl 33175		UNIT 193 Miami FL 33175		DO NOT WRITE IN THIS SPACE	
	••	111171111 (E 00) (O		3. Date Incorporated or Qualified	
				01/25/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For	
21		26		65-0483590 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Section 5. Section 5. Certificate of Status Desired Fee Required	
22 City & State	Α	City & State			
23	•	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent	
LLA	JURADO, ROGER		81 Name		
11970 S.W. 19TH LANE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
UNIT 193					
MIAMI FL 33175			83		
			84 City	85 Zip Code	
				FL 163 Zip code	
l office or r	registered agent, or both, in the Sta im familiar with, and accept the obt	te of Florida. Such change was a	authorized by the corpora	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
DIGITATIONE	Signature, typed or printed name of regulered a		E: Registered Agent signature requ		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D D	☐ DELETE	1.1 TITLE	Change Addition	
NAME	LLAURADO, ROGER		1.2 NAME		
STREET ADDRESS	11970 S.W. 19TH LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition	
NAME		C piccit	2.2 NAME	C ordings C Addition	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	Change Addition	
NAME	•		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
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		

54 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I 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 receivor 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 alternment with an address.

61 TITLE 62 NAME

DELETE