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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90050 028 ***150.00

DOCUI	MENT # P9400 0)008585					
	GROOVE, INC.) (Barrad 118 (\$11) 81871 88711 28111 88111 \$861	ı 46:0: (B)41 E(IĞ) (AIRC ACCI INN
Principal Place of Business Mailing Address							ALEI BIII IOBI
11970 S.W. 19TH LANE 11970 S.W. 19TH LANE							
UNIT 193 UNIT 193					DO NOT WORTE IN THE	0.00405	
MIAMI FL 33175 MIAMI FL 33175					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					01/25/1994		
a Origoinal P	lose of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
2. Principal Place of Business 2a. Maili		H	, and a second		65-0483590	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_	\$8.75 A	
22		27	27		5. Certificate of Status Desired	Fee Red	quired
City & Stat	e	City.& State			6: Election: Campaign: Financing	⋍ ~≈\$5.00-⊦	-
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country Zip 25 29 3		Count	try	This corporation owes the current year in Personal Property Tax.		□No
24	25 9. Name and Address of Curre		30	****	10. Name and Address of New Registered	d Agent	
•	3. Hank and Addison of Barre			31 Name			
LLAURADO, ROGER			١,	32 Street Add	ss (P.O. Box Number is Not Acceptable)		
11970 S.W. 19TH LANE				Street Auc	iless (F.O. Box (valider is Not Acceptable)		
UNIT 193			1	33			
MIAMI FL 33175			Į,	34 City		85 Zip C	ode
				'	F	Llli	1
11. Pursuant office or ragent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statute e of Florida. Such change was a pations of, Section 607.0505, Flor	es, the about thorized I rida Statut	ove-named cor by the corporat es.	poration submits this statement for the purpose clion's board of directors. I hereby accept the app	of changing its i ointment as reg	registered jistered
SIGNATURE							
	Signature, typed or printed name of registered ag			gent signature requit	red when reinstating) DATE	ND DIDECTO	DC IN 12
12.		ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	D BOCER		1.2 NAN	1		<u> </u>	_ \
NAME	LLAURADO, ROGER 11970 S.W. 19TH LANE			EET ADDRESS			
STREET ADDRESS				-ST-ZIP			
TITLE	WIDAWII / E 33173	□ DÉLETE 2.11				☐ Change	☐ Addition
NAME			2.2 NAM	IE.			
STREET ADDRESS			2.3 STR	EET ADDRESS			İ
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TITLE		☐ DELETE	3.1 TITL	E		☐ Change	☐ Addition
NAME			3.2 NAM	Æ			}
STREET ADDRESS			3.3 STR	EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TITL			☐ Change	☐ Addition
NAME			4. 2 NAI	1	•		
STREET ADDRESS				EET ADORESS		•	
CITY-ST-ZIP		□ neiete	-	r-ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	5.1 TITL 5.2 NAM				
NAME				EET ADDRESS			
STREET ADDRESS				(-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITL			☐ Change	Addition
NAME ,		the percent	6.2 NAM			_ "	_ /
STREET ADDRESS				EET ADDRESS			
CHICKLY MUDINESS	1 (.			ı			

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 receiver or sustee 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 other here with an address, with all other like empowered.

SIGNATURE:

ATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/90

305)229-9825 Daylume Phone #