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

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 14 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000018078 (3)

GROVE	GRILLE, INC.						
Principal Plac	e of Business	Mailing Address					NIO 08101 NIOS IDIN 0811 FRON 1881 1881
3015 GRAND AVE STE 310 MIAMI FL 33133		SUITE 302	2665 S. BAYSHOR DRIVE SUITE 302 COCONUT GROVE FL 33133			DO NOT WRITE IN THIS SPACE	
US						3. Date Incorporated or Qualified 03/09/1994	
2. Principal Place of Business 2		2a. Mailing Address	a. Mailing Address			4. FEI Number	Applied For
21		26				65-0477084	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	····		İ	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	<u> </u>	City & State	7] City & State		-	B. Election Campaign Financing	
23	O	28	¬ ·			Trust Fund Contribution	\$5.00 May Be  Added to Fees
Zip	Country	Zip	Count	ry		This corporation owes or has pa	
24	25	29	30			Personal Property Tax due June	30. Yes No
<u></u>	9. Name and Address of Currer	it Registered Agent				10. Name and Address of New Re	gistered Agent
KW	MAT, ANDREW		8	1 Name	;		
260	85 S BAYSHORE DR		8	2 Street	l Addres	ss (P.O. Box Number is Not Acceptat	ble)
	ITE 302		<u> </u>		<del></del>	· · · · · · · · · · · · · · · · · · ·	
CO	ICONUT GROVE FL 33133		8	3			
				4 City			FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig.	12 and 607.1508, Florida Statu	iles, the abc	ve-named	d corpor	ation submits this statement for the p	ourpose of changing its registered
office or r agent. I a	registered agent, or both, in the State Im familiar with, and accept the oblig	iof Florida. Such ch <b>ange w</b> as ations of, Section 60 <b>7,0505,</b> Fl	authorizea i Iorida Statut	by the corp .es.	rporation	n's board of directors, i nereby accep	pt the appointment as registered
SIGNATURE							
	Signature, typed or printed hand of required age			igent signature	re required	when reinstating)	DATE
12.	DV OFFICERS AN	D DIRECTORS DELETE	13.	:	T	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12  Change Addition
TITLE NAME	MEUNIER, JEAN M	_ partie	1,1 MILE				
STREET ADDRESS				1.3 STREET ADDRESS			
	COCONUT GROVE FL	I 302		- ST-ZIP			
CITY-ST-ZIP TITLE	DP	DELETE	2.1 TITLE		+		☐ Change ☐ Addition
NAME	FAZILLEAU, ERIC	<u> </u>	2.2 NAM				- • -
STREET ADDRESS	2665 S BAYSHORE DR SUITI	F 302		E1 ADDRESS			
CITY-ST-ZIP	AAAANUT ABAUT TI			r-S1-ZIP			
TITLE	ST	DELETE	3.1 TITLE		1		☐ Change ☐ Addition
NAME	KWIAT, ANDREW		3.2 NAM	ŧ			
STREET ADDRESS	2665 S BAYSHORE DR SUITI	E 302	3.3 STRE	E1 ADDRESS			
CITY-ST-ZIP	COCONUT GROVE FL	- **-	3.4. CITY	r-ST-ZIP			
TITLE	V	DELETE	. 4.1 TITLE				Change Addition
NAME	LENTINI, ANDRE		4. 2 NAM	ME			
STREET ADDRESS	2665 S BAYSHORE DR SUITI	E 302	4.3 STRE	E1 ADDRESS			
CITY-ST-ZIP	COCONUT GROVE FL		4.4 CITY	- ST- ZIP			
TITLE		DELETE	5.1 TITLE	<u> </u>			Change Addition
NAME			5.2 NAM	E			
STREET ADDRESS			5.3 STRE	E1 ADDRESS			
CITY-ST-ZIP			5.4 C(1)Y		<u> </u>		
TITLE		☐ DELETE	6.1 TITLE				Change Addition
NAME			6.2 NAM	E			

14. Thereby 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 suppliemental 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 trades 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 a darkess. 2AT OF 7749