

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000036986 (5)**

1. Corporation Name

GROVE HILL MANAGERS, INC.



Principal Place of Business

**2601 S BAYSHORE DR
PENTHOUSE 1B
COCONUT GROVE FL 33133**

Mailing Address

**2601 S BAYSHORE DR
PENTHOUSE 1B
COCONUT GROVE FL 33133**

3. Date Incorporated or Qualified

05/12/1994

3a. Date of Last Report

03/14/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**GOODKIND, BRIAN K
2601 S. BAYSHORE DR.
STE. #1600
MIAMI FL 33133**

4. FEI Number

APPLIED FOR 65-0566128

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. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81

Name

Brian

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

Signature (typed or printed name of registered agent and the date of signature)

(NOTE: Registered Agent's signature required when reporting change)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME

PTD

☐ DELETE

STREET ADDRESS

**MEDINA, MANUEL D
2601 S. BAYSHORE DR., PH1
MIAMI FL 33133**

CITY - ST - ZIP

TITLE
NAME

S

☐ DELETE

STREET ADDRESS

**GOODKIND, BRIAN K
2601 S. BAYSHORE DR. 1600
MIAMI FL 33133**

CITY - ST - ZIP

TITLE
NAME

VD

☐ DELETE

STREET ADDRESS

**PEREZ-CISNEROS, TERESA
2601 S. BAYSHORE DR. PH1
MIAMI FL 33133**

CITY - ST - ZIP

TITLE
NAME

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE
NAME

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE
NAME

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☒ Addition

3.1 TITLE

Assistant Secretary

☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

600001777746

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*****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Teresa Perez-Cisneros
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Teresa Perez-Cisneros, Vice President

4/3/96

305-836-3300

CS 4/11/96

CR2E034 (12/95)