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Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000064953 (0)

1. Corporation Name

GROVE ISLE UNIT A1005, INC.

Principal Place of Business

% JAMERSON, SUTTON & SURLAS
2655 LE JEUNE RD., PENTHOUSE II
CORAL GABLES FL 33134

Mailing Address

% JAMERSON, SUTTON & SURLAS
2655 LE JEUNE RD., PENTHOUSE II
CORAL GABLES FL 33134-5832

3. Date Incorporated or Qualified

09/01/1994

3a. Date of Last Report

09/23/1996

2. Principal Place of Business
21 Sutton Surlas & Mullin LLP

2a. Mailing Address
26 Sutton Surlas & Mullin LLP

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Suite Apt. #, etc.

22 2655 Le Jeune Rd., PH-2

Suite Apt. #, etc.

27 2655 Le Jeune Rd., PH-2

City & State

23 Coral Gables, FL

City & State

28 Coral Gables, FL

24 Zip
33134

Country
25 USA

29 Zip
33134

Country
30 USA

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

9. Name and Address of Current Registered Agent

ROBERT L. JAMERSON, JR., P.A.
2655 LE JEUNE RD.
PENTHOUSE II
CORAL GABLES FL 33134

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

Signer's typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS
NAME BOCCALANDRO, OCTAVIO
STREET ADDRESS 2655 LE JEUNE RD, PHII
CITY-ST-ZIP CORAL GABLES FL

TITLE D
NAME LEYBA, HERMAN
STREET ADDRESS 2655 LE JEUNE RD, PHII
CITY-ST-ZIP CORAL GABLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97

Date

(305) 371-2340

Daytime Phone #

CR2E034 (9/96)