

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

FILED

May 14 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 # P94000085440 (3)

1. Corporation Name
GROSVENOR FUND, INC.



Principal Place of Business

Mailing Address

~~1031 N. MIAMI BEACH BLVD.~~
~~N. MIAMI BEACH FL 33102~~

~~1031 N. MIAMI BEACH BLVD.~~
~~N. MIAMI BEACH FL 33102-3012~~

2. Principal Place of Business

21 2875 NE. 191 St.

Suite, Apt. #, etc.

22 Suite 500

City & State

23 Aventura Fla

Zip

24 33180

Country

25 USA

2a. Mailing Address

26 2875 NE. 191 St.

Suite, Apt. #, etc.

27 Ste 500

City & State

28 Aventura FL

Zip

29 33180

Country

30 USA

3. Date Incorporated or Qualified

11/23/1994

3a. Date of Last Report

04/15/1996

4. FEI Number

65-0536436

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

ROSENTHAL, KERRY E

~~1031 N. MIAMI BEACH BLVD.~~

~~N. MIAMI BEACH FL 33102~~

10. Name and Address of New Registered Agent

81 Name

Kerry E Rosenthal

82 Street Address (P.O. Box Number is Not Acceptable)

2875 NE. 191 St., Ste 500

83

84 City

Aventura

FL

85 Zip Code

33180

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 of officer or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/97

12. OFFICERS AND DIRECTORS

TITLE

☐

DELETE

NAME

D
BARON, LOUIS

STREET ADDRESS

~~1031 N. MIAMI BEACH BLVD.~~

CITY-ST-ZIP

~~N. MIAMI BEACH FL 33102~~

TITLE

☐

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DIRECTOR

☒

Change

☐

Addition

1.2 NAME

LOUIS BARON

1.3 STREET ADDRESS

2875 NE. 191 St., Ste 500

1.4 CITY-ST-ZIP

Aventura, FL 33180

2.1 TITLE

☐

Change

☐

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐

Change

☐

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐

Change

☐

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐

Change

☐

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐

Change

☐

Addition

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:

Louis Baron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/97

CR2E034 (9/96)