

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90178 034 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000074358**

1. Corporation Name  
**GRUMET PROPERTIES, INC.**



Principal Place of Business	Mailing Address
334 MINORCA AVENUE SUITE 200 CORAL GABLES FL 33134	334 MINORCA AVENUE SUITE 200 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 201 Alhambra Circle	26 201 Alhambra Circle
22 Suite, Apt. #, etc. #503	27 Suite, Apt. #, etc. #503
23 City & State Coral Gables, FL	28 City & State Coral Gables, FL
24 Zip 33134	29 Zip 33134
25 Country US	30 Country US

3. Date Incorporated or Qualified	4. FEI Number	Applied For
09/25/1995	65-0617152	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

PERLIN, BRIAN C  
 334 MINORCA AVENUE  
 SUITE 200  
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	Brian C. Perlin
82 Street Address (P.O. Box Number is Not Acceptable)	201 Alhambra Circle
83	Suite 503
84 City	Coral Gables
85 Zip Code	FL 33134

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PERLIN, BRIAN C	
STREET ADDRESS	334 MINORCA AVENUE, #200	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRUMET, FRANCES	
STREET ADDRESS	334 MINORCA AVE., #200	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	Brian C. Perlin		
1.3 STREET ADDRESS	201 Alhambra Circle, #503		
1.4 CITY-ST-ZIP	Coral Gables, FL 33134		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	GRUMET, FRANCES		
2.3 STREET ADDRESS	2409 NW 6 AVE		
2.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 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, with all other like empowered.

SIGNATURE: Frances Grumet  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99 (954) 6308525  
 Date Daytime Phone #

CR2E034 (1/198)