

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Jul 13, 1999 8:00 am**  
**Secretary of State**

07-13-1999 90007 002 \*\*\*150.00

DOCUMENT # **P95000091796**

1. Corporation Name

**GROVE CYCLE INC.**

Principal Place of Business

**16 GRAND AVENUE  
COCONUT GROVE FL 33133**

Mailing Address

**3216 GRAND AVENUE  
COCONUT GROVE FL 33133**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/04/1995**

4. FEI Number

**65-0622863**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**CORPORATE CREATIONS ENTERPRISES, INC.  
4521 PGA BLVD. STE 211  
PALM BEACH GARDENS FL 33418**

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

I, 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.

GNATURE

**Hermes Brezo**  
Signature, typed or printed name of registered agent and title if applicable.

**Hermes Brezo (Pres)**  
(NOTE: Registered Agent signature required when reinstating)

**7-7-99**  
DATE

OFFICERS AND DIRECTORS

DE	D	<input type="checkbox"/> DELETE
REET ADDRESS	BREZO, HERMES	
ST-ZIP	C/O 3216 GRAND AVENUE	
	COCONUT GROVE FL 33133	
DE	P	<input type="checkbox"/> DELETE
REET ADDRESS	BREZO, HERMES	
ST-ZIP	3216 GRAND AVE	
	COCONUT GROVE FL	
DE	T	<input type="checkbox"/> DELETE
REET ADDRESS	BREZO, HERMES	
ST-ZIP	3216 GRAND AVE	
	COCONUT GROVE FL	
DE	VPS	<input checked="" type="checkbox"/> DELETE
REET ADDRESS	BREZO, MIRIAM	
ST-ZIP	3216 GRAND AVE	
	COCONUT GROVE FL	
DE		<input type="checkbox"/> DELETE
REET ADDRESS		
ST-ZIP		
DE		<input type="checkbox"/> DELETE
REET ADDRESS		
ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

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.

GNATURE:

**305-4445415**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-7-99**

Date

Daytime Phone #

CR2E034 (5/99)

Open 7 Days  
3216 Grand Avenue • Coconut Grove • (305) 444-5415



P95000091796  
587024-90007-2

July 6, 1999

DIVISION OF CORPORATIONS  
ANNUAL REPORTS FILING  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

I have received a 2<sup>nd</sup> notice advising that our corporate filing was late. Never having received a 1st notice, I contacted the main office. I have been instructed to send the original annual report filing fee of \$ 61.25 and the corporation supplemental fee of \$ 88.75. Please find enclosed a total payment of \$ 150.00.

Thank you for your time and patience. If you have any further questions, please feel free to contact me at the following number.

Sincerely,

Hermes Brezo', President  
(305) 444-5415

hb/mb  
div.corp.7/99