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

FILED
Sep 06 1996 8:00 am
Secretary of State

DOCUMENT # **P95000093415 (4)**

1. Corporation Name

LAS RIAS GALLEGAS IN THE GROVE, INC.

Principal Place of Business	Mailing Address
2890 S.W. 27 AVENUE **MIAMI FL 33133**	**2890 S.W. 27 AVENUE** **MIAMI FL 33133**

2. Principal Place of Business	2a. Mailing Address
21	26 1000 Ponce de Leon Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 103
City & State 23	City & State 28 Coral Gables FL
Zip 24 / Country 25	Zip 29 33134 / Country 30 USA.

3. Date Incorporated or Qualified: **11/29/1995** | 3a. Date of Last Report:

4. FEI Number: 65-0631691 ☐ 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

9. Name and Address of Current Registered Agent

MARTIN, GREGORY A
3225 AVIATION AVENUE
SUITE 601
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name: MARTIN, GREGORY A
82 Street Address (P.O. Box Number is Not Acceptable): 100 N. BISCAYNE BLVD # 601
83
84 City: MIAMI FL 85 Zip Code: 33132

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, type or print name of registered agent) (Title, if Registered Agent is corporation or limited partnership) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☑ DELETE	1.1 TITLE	DIRECTOR, PRES, SEC ☐ Change ☐ Addition
NAME	JUSTO, JOSE MANUEL		1.2 NAME	GREGORY A. MARTIN
STREET ADDRESS	2890 S.W. 27 AVENUE		1.3 STREET ADDRESS	100 N. BISCAYNE BLVD #601
CITY-ST-ZIP	MIAMI FL 33133		1.4 CITY-ST-ZIP	MIAMI, FL. 33132
TITLE		☐ DELETE	2.1 TITLE	DIRECTOR, VP. MISSION. ☑ Change ☐ Addition
NAME			2.2 NAME	RENE R. VARELA
STREET ADDRESS			2.3 STREET ADDRESS	914 MESSINA AVE
CITY-ST-ZIP			2.4 CITY-ST-ZIP	CORAL GABLES FL. 33134
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	000001941400
STREET ADDRESS			3.3 STREET ADDRESS	-09/06/96--01062--003
CITY-ST-ZIP			3.4 CITY-ST-ZIP	****225.00 ****225.00
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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: _____ Rene R. Varela 07-31-96 (305) 443-0037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #