

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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90059 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000095527

1. Corporation Name
SACRED GROUNDS, INC.

Principal Place of Business 638 COLLINS AVENUE MIAMI BEACH FL 33139 US	Mailing Address 638 COLLINS AVE MIAMI BEACH FL 33139 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/18/1995	
21		26		4. FEI Number 65-0638165	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LIM, JACQUELINE J 151 CRANDON BLVD. STE 706 KEY BISCAYNE FL 33149				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIM, JACQUELINE J			1.2 NAME			
STREET ADDRESS	151 CRANDON BLVD. STE 706			1.3 STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAYNE FL 33149			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROJAS, JORGE M			2.2 NAME			
STREET ADDRESS	151 CRANDON BLVD. STE 706			2.3 STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAYNE FL 33149			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIM, ISABELO R			3.2 NAME			
STREET ADDRESS	571 ST. ANDREWS LANE			3.3 STREET ADDRESS			
CITY-ST-ZIP	INVERNESS IL 60067			3.4 CITY-ST-ZIP			
TITLE	PT	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACQUELINE J LIM			4.2 NAME			
STREET ADDRESS	151 CRANDON BLVD, SUITE 706			4.3 STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAYNE FL			4.4 CITY-ST-ZIP			
TITLE	VPS	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JORGE M ROJAS			5.2 NAME			
STREET ADDRESS	151 CRANDON BLVD, SUITE 706			5.3 STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAYNE FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *Signature of Lim* 4/30/99 3056748829
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)