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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000051908

GROVER INVESTMENTS II. INC.

Principal Place of Business	Mailing Ad
ADDO ARM OD AVENUE	2202 MM/ 2

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90130 027 ***150.00



Principal Place of Business Mailing Address						
2203 NW 23 AVENUE 2203 NW 23 AVENUE						
MIAMI FL 33142	?	MIAMI FL 33142				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						06/10/1998
Principal Place of Business Za. Mailing Address						4. FEI Number Applied For
——————————————————————————————————————						65-0861856 Not Applicable
	21 26 Suite Act # etc				-	\$8.75 Additional
	uite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Required
22						
	•	├ ~¬ ′				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23	Country	28				This corporation owes the current year Intangible
Zip		29	30	шу		Personal Property Tax.
24	9. Name and Address of Curre		30			10. Name and Address of New Registered Agent
	3. Name and Address of Curr	ent Registered Agent		81	Name	To Replie and Address of No. 100 Justice 1. South
KING	CADE, TIMOTHY S ESQ.					
	CADE BUILDING		ĺ	82	Street A	Address (P.O. Box Number is Not Acceptable)
	CORAL WAY		l	-		
	17			83		
MAN	11 FL 33145-2944		ŀ	84	City	B5 Zip Code
					•	FL FL FL FL FL FL FL FL
office or re agent. I ar	egistered agent, or both, in the Stal n familiar with, and accept the oblig	e of Florida. Such change was a	uthorized	by t	he corpor	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	pent and title if applicable. (NOTE	: Registered	Agent	signature re	quired when reinstating) DATE
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PID	☐ DELETE	1.1 TITL			☐ Change ☐ Addition
NAME	DUARTE, PETER		1.2 NA			
STREET ADDRESS	2203 NW 23 AVENUE		1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142		1,4 CIT			•
TITLE	VPSD.	☐ DELETE	2,1 TITLE			Change Addition
NAME	HUBLEY, GROVER		2.2 NAME			
			1		ADDRESS	
STREET ADDRESS	2203 NW-23 AVENUE		1		1	
CITY-ST-ZIP	MIAMI FL 33142	☐ DELETE	2, 4 CITS 3,1 TITLE		-215	☐ Change ☐ Addition
TITLE		□ percic			ŀ	
NAME			32 NA			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			3.4. CI		-ZIP	Change Addition
TITLE	☐ DELETE 4.1 TI					
NAME			4. 2 N/]	
STREET ADDRESS			4 3 ST	REET	ADDRESS	
CITY-ST-ZIP			4.4 CI		-ZIP	
TITLE		☐ DELETE	5 1 717		1	☐ Change ☐ Addition
NAME			5.2 NA			
STREET ADDRESS			5.3 ST	REET	ADDRESS	
CITY-ST-ZIP			5.4 C/I	Y-ST	-ZIP	
TITLE		☐ DELETE	6.1 TFT	LE	T	☐ Change ☐ Addition
NAME			6.2 NA	ΜE	1	
STREET ADDRESS			6.3 ST	REET	ADDRESS	
· 1	/		6,4 CI	TY-ST-	-ZIP	
CITY-ST-ZIP						in Section 110 07(2)(i) Florida Statutes I further certify that the information

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 turther certify that the information indicated on this annual report of 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 the stee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)