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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999

DIVISION OF CORPORATIONS

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90090 015 ***150.00

DOCUME	ENT # P98000	0094	209				
READY GROVES CORP.							
Principal Place of Business Mailing Address							ļ
7135 S.W. 92ND COURT 7135 S.W. 92ND COUR							
MIAMI FL 33173 MIAMI FL 33173						DO MOT MUDITE IN THIS SPACE	
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	\neg
						11/04/1998	
2. Principal Place	of Rusiness	22 M	2a, Mailing Address			4 FEI Number Applied For	\dashv
2. 1 1110:pax 1 lace	of Eddinoso	26				65-0877033 Not Applicab	le
Suite, Apt. #, et	tc.		Suite, Apt. #, etc.			5 Certificate of Status Desired \$8.75 Additional	\neg
22		27	27			5. Certifcate of Status Desired Fee Required	
City. & State.		c	City & State			6. Election Campaign Financing \$5:00 May Be	
23		28				Trust Fund Contribution Added to Fees	_
Zip	Country	Z	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes	
25		29				Personal Property Tax. Yes MNO 10. Name and Address of New Registered Agent	
9.	Name and Address of Curre	nt Register	red Agent	81	I Name	10. Name and Address of New Registered Agent	
SHARET	, Juan J				Traine		_
7135 S.W. 92ND COURT				82	Street Add	Iress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33173				83	3		\dashv
					<u> </u>		
				84	4 City	FL 85 Zip Code	ĺ
office or regist	ne provisions of Sections 607.05 tered agent, or both, in the Stat miliar with, and accept the oblic	e of Florida.	Such change was at	uthorized by	v the corporat	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	
SIGNATURE						ed when reinstalling) DATE	Ì
Signature, typed or printed name of registered agent a OFFICERS AND			<u>'</u>		ent signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	- 8
TITLE	OFFICERS A	IND DIRECT	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ion
NAME T	- DEZ JUAN	NJ.		1.2 NAME			
STREET ADDRESS	TADDRESS TIBSSW 42ct.				ET ADDRESS		
CITY-ST-ZIP	MIAMI FL.33173		7 >	1.4 CITY-ST-ZIP			(}
	.7.		DELETE	2.1 TITLE	V. 2	☐ Change ☐ Addi	ion
	UAREZ, TERES	\$A		2.2 NAME			İ
STREET ADDRESS 7/			2.3 STREET ADDRESS			-	
CITY-ST-ZIP M	MIAMI Ph 33/73 _		2.4 CITY-ST-ZIP				
TITLE	□ DELETE 31		3 1 TITLE		Change Addi	ion	
NAME			3.2 NAME				
STREET ADDRESS				3.3 STRE	ET ADDRESS		ļ
CITY-ST-ZIP				3.4. CITY-	ST-ZIP		
TITLE	☐ DELETE		4.1 TITLE		Change Addi	,on	
NAME				4. 2 NAME	i i		- {
STREET ADDRESS					ET ADDRESS	•	-
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NAME					ET ADDRESS		
STREET ADDRESS				5.4 CITY-			(
CITY-ST-ZIP TITLE			DELETE	6.1 TITLE		☐ Change ☐ Addi	tion
NAME				6.2 NAME		· -	
STREET ADDRESS				6.3 STREE	ET ADORESS		
OTTY OT TIP				6.4 CITY-	ST-ZIP		1

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 any oddress, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING PAFICER OR DIRECTOR

1/25/49 (305) 226-3474 Daytime Phone #