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

DOCUMENT # **S89950** **(7)**

1. Corporation Name

FRENCH VILLAGE IN THE GROVE, INC.

Principal Place of Business	Mailing Address
~~6304 CABALLERO BLVD.~~ CORAL GABLES FL ~~33146~~ US	~~6304 CABALLERO BLVD.~~ CORAL GABLES FL ~~33146~~ US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26 841 ANDALUCIA	10/25/1991	02/14/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0303752	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 CORAL GABLES, FL	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 / Country 25	Zip 29 33134 / Country 30 DADE	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

RUA, CARLOS R.
6300 CABALLERO BLVD
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 841 ANDALUCIA

83

84 City CORAL GABLES FL 85 Zip Code 33134

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: _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	RUA, CARLOS M.		1.2 NAME		
STREET ADDRESS	6300 CABALLERO BLVD.		1.3 STREET ADDRESS	841 ANDALUCIA	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	CORAL GABLES, FL, 33134	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	RUA, CLARIDE		2.2 NAME		
STREET ADDRESS	6300 CABALLERO BLVD.		2.3 STREET ADDRESS	841 ANDALUCIA	
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP	CORAL GABLES, FL, 33134	
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	RUA, CARLOS R.		3.2 NAME		
STREET ADDRESS	6300 CABALLERO BLVD.		3.3 STREET ADDRESS	841 ANDALUCIA	
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	CORAL GABLES, FL, 33134	
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)(k), 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: X _____ CARLOS R. RUA 4-26-96 (305) 444-7747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #