

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **V17834** (5)

1. Corporation Name:  
**JUICE GROVES, INC.**

55 MAY -1 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **2250 S.W. 3RD AVENUE  
5TH FLOOR  
MIAMI FL 33129**

Mailing Address: **20204 SW 79TH COURT  
MIAMI FL 33189  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/28/1992**      3a. Date of Last Report: **10/31/1994**

4. FEI Number: **65-0319686**      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**

7. This corporation has liability for intangible tax under § 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
State, Apt. #, etc.: 22      State, Apt. #, etc.: 27  
City & State: 23      City & State: 28  
Zip: 24      Country: 25      Zip: 29      Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ABASCAL, JULIO  
20204 SW 79TH COURT  
MIAMI FL 33189**

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 697.0502 and 697.1506, 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 697.0505, Florida Statutes.

SIGNATURE

(Print Name of Current Registered Agent) (Print Date)

(Print Name of New Registered Agent) (Print Date)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?  Change  Addition

TITLE: PD  
NAME: **SECKINGER, DANIEL**  
STREET ADDRESS: **1400 N.W. 12TH AVE.**  
CITY, ST. ZIP: **MIAMI FL**

TITLE: S  
NAME: **Seckinger, Patricia**  
STREET ADDRESS: **10661 S.W. 88th St., Ste. #112**  
CITY, ST. ZIP: **Miami, FL 33176**

14 NAME:      15  
16 STREET ADDRESS:      17  
18 CITY, ST. ZIP:      19  
20 NAME:      21  
22 STREET ADDRESS:      23  
24 CITY, ST. ZIP:      25  
26 NAME:      27  
28 STREET ADDRESS:      29  
30 CITY, ST. ZIP:      31  
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46 STREET ADDRESS:      47  
48 CITY, ST. ZIP:      49  
50 NAME:      51  
52 STREET ADDRESS:      53  
54 CITY, ST. ZIP:      55  
56 NAME:      57  
58 STREET ADDRESS:      59  
60 CITY, ST. ZIP:      61

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4), 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 and make me liable as if it had been made on behalf of the corporation or the person or firm so designated to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an amendment with an address.

SIGNATURE: *Patricia Seckinger* Secretary 4/28/95 305-5969048  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR