

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 # **V17834** (5)

1. Corporation Name
JUICE GROVES, INC.



Principal Place of Business: **2250 S.W. 3RD AVENUE 5TH FLOOR MIAMI FL 33129**
Mailing Address: **10661 SW 88th Street Suite 112 Miami, FL 33176**

2. Principal Place of Business: **10661 SW 88th Street Suite 112 Miami, FL 33176**
2a. Mailing Address: **10661 SW 88th Street Suite 112 Miami, FL 33176**

3. Date Incorporated or Qualified: **02/28/1992** 3a. Date of Last Report: **05/01/1995**
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 s. 199.032, Florida Statutes: Yes No

g. Name and Address of Current Registered Agent: **ABASCAL, JULIO 20204 SW 79TH COURT MIAMI FL 33189**

10. Name and Address of New Registered Agent:
81 Name: **Sammy A. Thompson**
82 Street Address (P.O. Box Number is Not Acceptable): **8835 NW 3rd Court**
83
84 City: **Coral Springs** FL 85 Zip Code: **33011**

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: **Sammy A. Thompson** Date: **4/17/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SECKINGER, DANIEL	
STREET ADDRESS	1400 N.W. 12TH AVE.	
CITY - ST - ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SECKINGER, PATRICIA	
STREET ADDRESS	10661 SW 88TH STREET, STE 112	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: **Patricia Seckinger** Date: **4/17/96**
Patricia Seckinger, Secretary 596-9018

CR2E034 (12/95)