

**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 # **V32650** (6)

1. Corporation Name  
**JAIME GRUB ASSOCIATES, INC.**



Principal Place of Business: **C/O KTG&S REGISTERED AGENT CORPORATION 1401 BRICKELL AVE STE 700 MIAMI FL 33131**  
Mailing Address: **C/O KTG&S REGISTERED AGENT CORPORATION 1401 BRICKELL AVE STE 700 MIAMI FL 33131 US**

3. Date Incorporated or Qualified: **04/29/1992**  
3a. Date of Last Report: **03/20/1995**

2. Principal Place of Business: **21 100 SE 2nd St. 22 28 FLOOR 23 MIAMI FL 24 33131 25 US**  
2a. Mailing Address: **26 100 SE 2nd St. 27 28 FLOOR 28 MIAMI FL 29 33131 30 US**

4. FEI Number: **65-0329632**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
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  
**KTG&S REGISTERED AGENT CORPORATION  
1401 BRICKELL AVE  
SUITE 700  
MIAMI FL 33131**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): **100 SE 2nd St.**  
83 **28 FLOOR**  
84 City: **MIAMI** FL Zip Code: **33131**

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: \_\_\_\_\_  
Signature typed or printed name of registered agent and the applicable date. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>GRUB, JAIME</b>	
STREET ADDRESS	<b>9250 W BAY HARBOR DR #3B</b>	
CITY - ST - ZIP	<b>BAY HARBOR FL</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>GRUB, ELENA</b>	
STREET ADDRESS	<b>9250 W BAY HARBOR DR #3B</b>	
CITY - ST - ZIP	<b>BAY HARBOR FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GRUB, ELLIOT</b>	
STREET ADDRESS	<b>9250 W BAY HARBOR DR #3B</b>	
CITY - ST - ZIP	<b>BAY HARBOR FL</b>	
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 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	

900001732789  
03/05/96 01085-014  
\*\*\*200.00

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 (complete) or on an attachment with an address.

SIGNATURE: *Elliot Grub* DATE: **3/29/96** 806-6348  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #  
56 3-4-96

CR2E034 (12/95)