

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

95 AUG -7 AM 10: 58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # K75747 (1)**  
1. Corporation Name  
**PRO-GRASS LAWN SERVICE CORP.**

Principal Place of Business Mailing Address  
9175 SW 96 AVE 9175 SW 96 AVE  
~~1901 CORTEZ STREET~~ ~~4001 CORTEZ STREET~~  
MIAMI FL 33176 MIAMI FL 33176  
US US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 9175 SW 96 AVE 26 SAME  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
23 City & State MIAMI FL 27 City & State  
24 Zip 33176 25 Country USA 29 Zip 30 Country

3. Date Incorporated or Qualified 03/20/1989 3a. Date of Last Report 05/24/1984  
4. FEI Number 65-0108189 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  
e. This corporation has liability for interjurisdictional tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
ALTAMIRANO, ANNETTE  
9175 SW 96 AVE  
MIAMI FL 33176

10. Name and Address of New Registered Agent  
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 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: [Signature] DATE: \_\_\_\_\_  
(Signature typed or printed name of registered agent and the filer acceptable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALTAMIRANO, RAMON
STREET ADDRESS	9175 SW 9 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	ALTAMIRANO, ANNETTE
STREET ADDRESS	9175 SW 96 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

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	

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 110.07(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: Annette Altamirano 8/2/95 271-8888  
(Signature typed or printed name of signing officer or director) (Type)

CR2E034 (3/95)