

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90034 002 \*\*\*150.00



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



DOCUMENT # K75747  
 Corporation Name  
PRO-GRASS LAWN SERVICE CORP.

Principal Place of Business Mailing Address  
9175 SW 96 AVE SAME  
MIAMI FL 33176

Principal Place of Business 2a. Mailing Address  
9175 SW 96 AVE SAME  
 Suite, Apt. #, etc. 26  
 Suite, Apt. #, etc. 27  
 City & State 28 MIAMI FL City & State  
 Zip 29 33176 Country 30 USA Country

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
3-20-89  
 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  
 8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
ALTAMIRANO, ANNETTE M  
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  
 85 Zip Code FL

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
D RAMON ALTAMIRANO <input type="checkbox"/> DELETE 9175 SW 96 AVE MIAMI FL 33176	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
D Annette ALTAMIRANO <input type="checkbox"/> DELETE 9175 SW 96 AVE MIAMI FL 33176	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	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other filers.

SIGNATURE: Annette ALTAMIRANO 4/29/99 305-271-2888

CR2E034 (11/98)