

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **V43199** (1)  
1. Corporation Name  
**SUMMER GREEN CORPORATION**

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**95 FEB -7 PM 4:26**

Principal Place of Business Mailing Address  
**1602 ALTON ROAD SUITE 100 MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/12/1992** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **65-0339723** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ALEXANDER, A.  
ONE BISCAYNE TOWER  
STE. 100 MIAMI BEACH FL 33139**

(this is not a change of registered agent; merely a change in his address)

81 Name **A. ALEXANDER**  
82 Street Address (P.O. Box Number is Not Acceptable) **1602 Alton Road - Suite 100**  
83  
84 City **Miami Beach** FL 85 Zip Code **33139**

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 who is applicable. (NOTE: Registered Agent signature required when re-registering)

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>DPT</b>
NAME	<b>KANSY, J. P.</b>
STREET ADDRESS	<del>ONE BISCAYNE TOWER, MIAMI BEACH, FL 33139</del>
CITY - ST - ZIP	<del>MIAMI BEACH, FL 33139</del>
TITLE	<b>DVS</b>
NAME	<b>ALEXANDER, A.</b>
STREET ADDRESS	<b>95 WICHEN WAVE, TORONTO, ON</b>
CITY - ST - ZIP	
TITLE	<b>ASAT</b>
NAME	<b>LECOMTE, J.</b>
STREET ADDRESS	<del>ONE BISCAYNE TOWER, MIAMI BEACH, FL 33139</del>
CITY - ST - ZIP	<del>MIAMI BEACH, FL 33139</del>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<b>DPT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>KANSY, J.P.</b>
1.3 STREET ADDRESS	<b>1602 Alton Road - Suite 100</b>
1.4 CITY - ST - ZIP	<b>Miami Beach, FL 33139</b>
2.1 TITLE	<b>DVS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ALEXANDER, A.</b>
2.3 STREET ADDRESS	<b>1602 Alton Road - Suite 100</b>
2.4 CITY - ST - ZIP	<b>Miami Beach, 33139</b>
3.1 TITLE	<b>ASAT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>LeCOMTE, J.</b>
3.3 STREET ADDRESS	<b>1602 Alton Road - Suite 100</b>
3.4 CITY - ST - ZIP	<b>Miami Beach, FL 33139</b>
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)(a), 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 such certifier calls 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: J. LeCompte Feb 3, 1995 (305) 358-4441  
Typed or printed name of signing officer or director