

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **06/12/1992** 3a. Date of Last Report: **02/07/1995**
 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: **21** Suite, Apt #, etc: **22** City & State: **23** Zip: **24** Country: **25**
 2a. Mailing Address: **26** Suite, Apt #, etc: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**ALEXANDER, A.
 1602 ALTON ROAD
 SUITE 100
 MIAMI BEACH FL 33139**

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: _____ (NOTE: Registered Agent signature required when filing change.)

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	KANSY, J. P.	
STREET ADDRESS	1602 ALTON ROAD SUITE 100	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	ALEXANDER, A.	
STREET ADDRESS	1602 ALTON ROAD SUITE 100	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	ASAT	<input type="checkbox"/> DELETE
NAME	LECOMPTE, J.	
STREET ADDRESS	1602 ALTON ROAD SUITE 100	
CITY - ST - ZIP	MIAMI BEACH FL	
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

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	DVS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	SMETA L.	
23 STREET ADDRESS	100 S.E. 2nd Street Suite 2315-B	
24 CITY - ST - ZIP	Miami, Florida 33131	
31 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	LECOMPTE, J.	
33 STREET ADDRESS	1602 Alton Road	
34 CITY - ST - ZIP	Miami Beach, FL Suite 100	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	200001893952	
53 STREET ADDRESS	-07/16/96--01023--005	
54 CITY - ST - ZIP	***61.25	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

7-13-96
 J2

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 617, 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*
 J. LeCompte
 officer

6/1/96 358-4441

CR2E034 (3/96)