

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

05 MAY -1 PM 1:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 207046 (4)

1. Corporation Name

A. A. GREEN & CO., INC.

Principal Place of Business

**3330 NW 125TH ST.
MIAMI FL 33167-2410
US**

Mailing Address

**3330 NW 125TH ST.
MIAMI FL 33167-2410
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1957

3a. Date of Last Report

05/01/1994

4. FEI Number

59-0815031

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 Chapter 207, Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21. State Apt # etc

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. State Apt # etc

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**GREEN, RICHARD W.
3330 NW 125 ST.
MIAMI FL 33167**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 217 (1993) and 607 (1993) 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 (1993) Florida Statutes.

SIGNATURE

Signature of Registered Agent or Designated Agent (if not required, leave blank)

Signature of Registered Agent or Designated Agent (if not required, leave blank)

DATE

12. OFFICERS AND DIRECTORS

NAME

NAME

STREET ADDRESS

CITY, STATE, ZIP

**VPD
GREEN, ALBERT
1 GROVE ISLE DR. #710
COCONUT GROVE FL**

NAME

NAME

STREET ADDRESS

CITY, STATE, ZIP

**PD
GREEN, RICHARD W.
4000 TOWERSIDE TERR 1112
MIAMI FL**

NAME

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

NAME

STREET ADDRESS

CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

5. NAME

6. NAME

7. STREET ADDRESS

8. CITY, STATE, ZIP

9. NAME

10. NAME

11. STREET ADDRESS

12. CITY, STATE, ZIP

13. NAME

14. NAME

15. STREET ADDRESS

16. CITY, STATE, ZIP

17. NAME

18. NAME

19. STREET ADDRESS

20. CITY, STATE, ZIP

21. NAME

22. NAME

23. STREET ADDRESS

24. CITY, STATE, ZIP

25. NAME

26. NAME

27. STREET ADDRESS

28. CITY, STATE, ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemptions stated in Section 339.05(1)(b) Florida Statutes. I further certify that the information included on the 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 person or persons empowered to execute this report as required by Chapter 207, Florida Statutes, and that my name appears on Block 1, or Block 13, of the report as an officer or director with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard W. Green

4/24/95

325-685-7751