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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 442782

(9)

THE GREEN COMPANIES, INC.

FILED
Apr 21 1997 8:00am
Secretary of State

Principal Place of I	Business	Mailing Address			T LAMBILL MINITE ALBERT SENSON LINION LINION		HEAT BEEN THE	
7700 N KENDALL DR STE 200 MIAMI FL 33156 US		7700 N KENDALL DR STE 200 Miami FL 33156-7578 US						
				3. Date Incorporated or Qualified				
2. Principal Place	of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			59-1506925		Not Applicabl	
Suite, Apt. #. et	to:	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required	
City & State		City & State			6. Election Campaign Financing	·····	00 May Be	
23		28			Trust Fund Contribution		ed to Fees	
Ζ φ	Country	Zip	Coun	itry	8. This corporation has liability for			
24	25	29	30	•] Yes ☐ No	or 6. 100.00E,	
	. Name and Address of Curr				10. Name and Address of New Re			
FI IZARE	eth a green, esq		1	B1 Name				
	KENDALL DR - STE 200	•	ļ.,		666	-1-1		
	EL 33156		18	B2 Street Ad	eet Address (P.O. Box Number is Not Acceptable)			
***************************************			F	B3			, , , , , , , , , , , , , , , , , , , ,	
			ļ.,	B4 City		les l	Zip Code	
				1 1		F1.	•	
office or regist agent. Lam fa	tered agent, or both, in the Sta milliar with, and accept the obt	ite of Florida. Such change wa ligations of, Section 607.0505.	as authorized , Florida Statu	by the corpor ites	orporation submits this statement for the lation's board of directors. I hereby acce	pt the appointment	as registered	
SIGNATURE							AD	
12.	Pure typed or provided hand of registered r	agent and into a applicable (f	NOTE: Registered a	Agent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	TODE IN 12	
TITLE V	OFFICERS	DELETE	1.1 TITL	c E	XECUTIVE VICE PRES			
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4. I do 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 emplowered 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 any address.

SIGNATURE:

GNATURE AND TYPED OR SHATED NAME OF SIGNING OFFICER OR DIRECTOR

-11-97 (305)6

(305)670-1000