FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

95 MAY -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 473910 (8)

1. Entity Name

AMERICAN SOD OF MIAMI, INC.

Principal Place of Business

3205 S.W. 25TH TERRACE
MIAMI FL 33133

Mailing Address

3205 S.W. 25TH TERRACE
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1975

3a. Date of Last Report: 04/29/1994

4. FEI Number: 59-1594863 (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. The corporation has/has not elected to be taxed as an "S" corporation under Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GONZALEZ, HECTOR M.
3205 SW 25TH TERRACE
MIAMI FL 33133

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 Section 607.193, 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. The 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR DATA

Title	S
Name	GONZALEZ, AYMEE
Street Address	3205 SW 25TH TERR
City-St-Zip	MIAMI FL
Title	P
Name	GONZALEZ, HECTOR R.
Street Address	3205 SW 25TH TERR
City-St-Zip	MIAMI FL
Title	VP
Name	GONZALEZ, HECTOR M.
Street Address	3205 SW 25TH TERR
City-St-Zip	MIAMI FL

13. ADDITIONS, CHANGES OR DELETIONS ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true, complete, and accurate and that my entity does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 I am familiar with the provisions of Chapter 607, Florida Statutes.

SIGNATURE: ➤ [signature] 5-1-95

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OF RECEIVER OR TRUSTEE

HECTOR R. GONZALEZ

0138384 CP