

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 AUG - 8 AM 11: 29

DOCUMENT # 514473 (8)

1. Corporation Name
BROTHER'S TWO LAWN SERVICE, INC.

Principal Place of Business: 11130 SW 146TH CT. MIAMI FL 33186
Mailing Address: 11130 SW 146TH CT. MIAMI FL 33186

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/01/1976
3a. Date of Last Report: 06/21/1994

4. FEI Number: 59-1699124
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Finance Act 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 14100 SW 139 CT, Suite, Apt. #, etc. # 4, City & State: Miami FLA, Zip: 33186, Country: DADE
2a. Mailing Address: 26 Suite, Apt. #, etc., 27 City & State, 28, 29 Zip, 30 Country

9. Name and Address of Current Registered Agent

**DIAZ, LAURA
11130 SW 146TH CT.
MIAMI FL 33186**

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

TITLE: VS
NAME: DIAZ, LAURA
STREET ADDRESS: 11130 SW 146TH CT.
CITY - ST - ZIP: MIAMI, FL 00000

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP: 33186 Change Addition

TITLE: PTO
NAME: DIAZ, MICHAEL
STREET ADDRESS: 11130 SW 146TH CT.
CITY - ST - ZIP: MIAMI, FL 00000

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP: 33186 Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP: Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP: Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP: Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP: Change Addition

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)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael Diaz* Diaz, MICHAEL DIAZ

305-385-9553

SIGNATURE AND TYPED OR PRINTED NAME OF FORMER OFFICER OR DIRECTOR

Title

Corporate Officer #

CR2E034 (3/95)