

**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. Morham,  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **514473** (8)

1. Corporation Name

**BROTHER'S TWO LAWN SERVICE, INC.**



Principal Place of Business: **14100 SW 139 CT #4 MIAMI FL 33186 US**  
Mailing Address: **11130 SW 146TH CT. MIAMI FL 33186**

3. Date Incorporated or Qualified: **11/01/1976**  
3a. Date of Last Report: **08/08/1995**  
4. FEI Number: **59-1699124**  
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. 199.03? 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  
**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 City: 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 resigning.) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------|---|---|
| TITLE                      | <b>VS</b>                 | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DIAZ, LAURA</b>        | 1.2 NAME  |   |
| STREET ADDRESS             | <b>11130 SW 146TH CT.</b> | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>MIAMI, FL 00000</b>    | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>PTD</b>                | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DIAZ, MICHAEL</b>      | 2.2 NAME  |   |
| STREET ADDRESS             | <b>11130 SW 146TH CT.</b> | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>MIAMI, FL 00000</b>    | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                           | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 3.2 NAME  |   |
| STREET ADDRESS             |                           | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                           | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                           | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 4.2 NAME  |   |
| STREET ADDRESS             |                           | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                           | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 5.2 NAME  |   |
| STREET ADDRESS             |                           | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                           | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                           | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 6.2 NAME  |   |
| STREET ADDRESS             |                           | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                           | 6.4 CITY - ST - ZIP                                   |   |

**500001911605** Change  Addition  
**-08/02/96--01044--024**  
**\*\*\*225.00**

*8-2-96*

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: *Michael Diaz* **Michael Diaz** 7/10/96 305-471-2406

CR2E034 (3/96)