

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

CORPORATION
ANNUAL REPORT
1995



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

*SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:42*

DOCUMENT # 565313

(4)

1. Corporation Name

THE GREENLIGHT COMPANY

Principal Place of Business

10514 W FLAGLER STR
MIAMI FL 33174
US

Mailing Address

10514 W FLAGLER STR
MIAMI FL 33174
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

26. Mailing Address

26

Gated, Apt. #, etc.

22

Code, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Zip

29

Country

Country

30

9. Name and Address of Current Registered Agent

COBO, FRANCISCO J.
8590 S.W. 126TH TERRACE
MIAMI FL 33156

01. Name

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

03.

04. City

85 Zip Code

FL

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 607.0508, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	PS COBO, FRANCISCO J. 8590 SW 126TH TERRACE MIAMI FL	1. NAME 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		21 NAME 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		31 NAME 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		41 NAME 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		51 NAME 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		61 NAME 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(9), Florida Statutes. I further certify that the information indicated 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 trustee or broker empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 unchanged, except as machine printed with no address.

SIGNATURE:

Francisco Cobo
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-95 (305) 225-5353
Date
Docket Date #