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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

J38538

1. Corporation	MENT # J3853 REEN FARMS, INC.	38 (1)					
Principa: Place	of Business	Maiting Address			I 1801418 DION HADI INTER DATAO IND	I KONI BUDAL BIJAH DIDH	OLEH SIBH OHIH IOOI
5801 SW 106TH AVE FT LAUDERDALE FL 33328		5801 SW 106TH AVE FT LAUDERDALE FL 33328					
					3. Date Incorporated or Qualified 10/16/1986	3a. Date of La 03/06/	
2. Principal Pt. C1					4. FEI Number		Applied For
Suite Apt	26				59-2736850		Not Applicable
2	27				5. Certificate of Status Desired	1 1	1.75 Additional Fee Required
City & State	y & State City & Sta		ate		Election Campaign Financing Trust Fund Contribution	1 1	5.00 May Be
Zip	Country	Z(p)	Count	ry	8. This corporation has liability for		·····
4]	25	29	30			□No	
	9. Name and Address of Curr	ent Hegistered Agent	8	1 Name	10. Name and Address of New F	legistered Agen	t
RYAN. T	IMOTHY M.						
700 E. DANIA BEACH BLVD			8	2 Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
DANIA FL 33004			8	3		···	
			8	4 City		85	Zip Code
						FL	'
or register familiar wit SIGNATURE.,	ed agent, or both, in the State of Hi th, and accept the obligations of, Se Signature typed or protect name of registroid as			rporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the app	ointment as regisl	
12.		OFFICERS AND DIRECTORS 13			ADDITIONS/CHANGES TO OFF		CTORS IN 12 Inge
lfL ⁷	PVD	☐ DELETE	1. 1 THE	F]		☐ Cha	nge 🔲 Addition
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PHEEL ADORESS HTY IST ZIP	ET LAUDEDDALE EL			ET ADDRESS			
ILF	STD	DELETE	14 CHY- 2 1 TITL			☐ Cha	nge [] Addition
AME	ROMANO, VICKIE		2.2 NAM	£			`
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TY ST-ZIP			3.3.51RE	ET ADDRESS			
itt		DELETE	4. 1 Title			☐ Cha	nge Addition
RME.			4.2 NAM6	f			
HEE! ADDRESS			4.3 STRE	ET ADDRESS			
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'th		☐ DELETE	5 1 TITLE			☐ Cha	nge 🗌 Addition
MMÉ IREFT ADDRESS			5.2 NAME				
			5.3 STRE	ET ADDRESS			İ
1½-81-2.P Iue		DEFELE	6 1 TiTLE			☐ Cha	nge 🔲 Addition
AME.			62 NAME				
PREST ADORESS				ET AODRESS			
11 - S1 - 7/P			6.4 CITY				
 t do hereb certify that oath, that 	y certify that the information supplie I the information indicated on this ar I am an officer or director of the cor	d with this filing is voluntarily fun inual report or supplemental and poration or the receiver or truste	nished and do nual report is t se empowered	es not qualify f rue and accura I to execute thi	or the exemption stated in Section 119, ate and that my signature shall have the is report as required by Chapter 607, Flo	07(3)(k), Florida S same legal effect orida Statutes; an	tatutes. I further as if made under d that my name

1-305-454-8398