FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K36684** **(4)**

1. Corporation Name

GREEN SUN PRINTING, CORP.

Principal Place of Business	Mailing Address
8155 NW 66 ST. MIAMI FL 33166 US	8155 NW 66 ST. MIAMI FL 33166 US

3. Date Incorporated or Qualified: 10/05/1988	3a. Date of Last Report: 04/27/1995
4. FEI Number: 65-0085005	☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

OLIVA, RUBEN, ESQ.
2250 SOUTHWEST 3RD AVENUE, THIRD FLOOR
MIAMI FL 33129

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (Note: Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	11 TITLE	PD	☒ Change ☐ Addition
NAME	OLIVA, JULIO		12 NAME	OLIVA, ROLAND	
STREET ADDRESS	92 & S W 10ST		13 STREET ADDRESS	12253 SW 28 Terrace	
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	Miami, Fl. 33175	
TITLE	VD	☐ DELETE	21 TITLE	VD	☒ Change ☐ Addition
NAME	OLIVA, ROLAND		22 NAME	OLIVA, RUBEN	
STREET ADDRESS	928 SW 10 ST		23 STREET ADDRESS	2250 SW 3rd. Ave., 3rd.Floor	
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP	Miami, Fl. 33129	
TITLE	SD	☐ DELETE	31 TITLE	SD	☒ Change ☐ Addition
NAME	OLIVA, RAQUEL		32 NAME	OLIVA, RAQUEL P.	
STREET ADDRESS	928 SW 10 ST		33 STREET ADDRESS	12253 SW 28 TErrace	
CITY-ST-ZIP	MIAMI FL		34 CITY-ST-ZIP	Miami, Fl. 33175	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(i), 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: Raquel P. Oliva RAQUEL OLIVA, SD. 4/27/96.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #