SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L22586

GREENFIELD INVESTMENTS, INC.

FILED Sep 01, 1999 8:00 am Secretary of State

09-01-1999 90025 023 ***500.00 09-01-1999 90025 024 ****50.00



11865 S.W. 26TH ST., STE, B-14 MIAMI FL 33175-2441				_	11865 S.W. 26TH ST., STE. B-14 MIAMI FL 33175-2441							
				MiM						DO NOT WRITE IN THIS SPACE		
										3. Date Incorporated or Qualified	l	
<u></u> .				-	^.	~		•		10/13/1989		
2. Principal Place of Business					2a. Mailing Address					4. FEI Number Applied For	ļ	
21				26						65-0167256 Not Applicable	ł	
Suite, Apt. #, etc.				27	Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State				28	City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country				Zíp Cou			8. This corporation		8. This corporation owes the current year		
24	25			29	29 30			Intangible Personal Property.				
•	9. Name	and Addre	t Regist	Registered Agent			10. Name and Address of New Registered Agent					
OUTOADA O TOANK							81	Na	me		ļ	
QUESADA, G. FRANK								Str	Street Address (P.O. Box Number is Not Acceptable)			
1313 PONCE DE LEON BLVD								3				
SUITE 200												
CORAL GABLES FL 33134							84	City	у	FL 85 Zip Code		
11. Pursuant	to the provide	sions of cost	ione 607 050	2 and 60	7 1508 Florida Statute	es the	ahove-	name	ed como	poration submits this statement for the purpose of changing its registered	İ	
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: Reg								gent sig	gnature røq	equired when reinstating) DATE] ;	
12.		0	FFICERS AN	ID DIRE	CTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12]	
TITLE	DP				DELETE	1.	1 TITLE			Change Addition	:	
NAME	PERNAS,	CARLOS	•			1.3	2 NAME				1	
STREET ADDRESS					1.3 ST			ADDRE	ESS		l	
CiTY-ST-ZIP	MIAMI FL	33134				1.	4 CITY-ST	-ZIP			1	
TITLE	DS ·				DELETE	2.	1 TITLE			Change Addition	ļ	
NAME	PERNAS,	DELFIN				2.	2 NAME			and the second s		
STREET ADDRESS	11865 SV	v 26th S1	, B-14			2.	3 STREET	ADDRE	ESS		İ	
CITY-ST-ZIP	MIAMI FL	33134				2.	4 CITY-ST	-ZIP				
TITLE	DT				DELETE	3.	1 TITLE		İ	Change Addition		
NAME	CRUZ, RA	alph san	TA			3.	2 NAME		- 1		ł	
STREET ADDRESS	11865 SV	v 26th st	, B-14			3.	3 STREET	ADDR	ESS			
CITY-ST-ZIP	MIAMI FL	33134				3	4 CITY-ST	-ZIP			1	
TITLE					DELETE	. 4.	1 TITLE			Change Addition		
NAME						4.	2 NAME					
STREET ADDRESS						4.3	3 STREET	ADDRE	ESS			
CITY-ST-ZIP						_	4 CITY-ST	ZP			1	
TITLE					☐ DELETE	5.	1 TITLE			Change Addition		
NAME					. **	5.	2 NAME					
STREET ADDRESS						5.	3 STREET	ADDRE	ESS		l	
CITY-ST-ZIP							4 CITY-ST	-ZIP			1	
TITLE					DELETE	1	1 TITLE			Change Addition		
NAME						6.	2 NAME					
STREET ADDRESS						6.	3 STREET	ADDRI	ESS		1	
CITY-ST-ZIP							4 CITY-ST				1	
indicated of an officer of	on this annua or director of	al report or a fithe corpora	supplemental ition or the re	annual r ceiver or	enort is true and accu	urate al	nd that	my s	ionature	ection 119.07(3)(i), Florida Statutes. I further certify that the information re shall have the same legal effect as if made under oath; that I am required by Chapter 607, Florida Statutes; and that my name appears		