FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L93029** **(1)**

1. Corporation Name
GREENLEAF CORPORATION

Principal Place of Business	Mailing Address
15351 SOUTHWEST 302ND STREET LEISURE CITY FL 33033	15351 SOUTHWEST 302ND STREET LEISURE CITY FL 33033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/23/1990	08/11/1994

2. Principal Place of Business	2a. Mailing Address
21 1310 N W 19 Street	26 1310 N W 19 Street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Homestaed, Fl	28 Homestead, Florida
24 Zip 33030 / 25 Country	29 Zip 33030 / 30 Country

4. FEI Number **65-0214067** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GUADAYOL, EDUARDO 15351 SOUTHWEST 302ND STREET LEISURE CITY FL 33033	91 Name 92 Street Address (P.O. Box Number is Not Acceptable) 93 94 City **FL** 95 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's signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~SD~~	11 TITLE	☐ Change ☐ Addition
NAME	~~GUADAYOL, HAIDNO~~	12 NAME	
STREET ADDRESS	~~15351 S.W. 302ND STREET~~	13 STREET ADDRESS	
CITY ST ZIP	~~LEISURE CITY FL~~	14 CITY ST ZIP	
TITLE	PTD	21 TITLE	☐ Change ☐ Addition
NAME	GUADAYOL, EDUARDO	22 NAME	
STREET ADDRESS	15351 S.W. 302ND STREET	23 STREET ADDRESS	
CITY ST ZIP	LEISURE CITY FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an X in front.

SIGNATURE: _____ 4/18/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

305-245-5700
Daytime Phone #

0117892 CP