PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jul 07, 1999 8:00 am Secretary of State

						- Secretary of State			
DOCU 1. Corporation	MENT # L93029					07-07-1999 90013			
GREENL	EAF CORPORATION	1							
5.5 (- 1.5)		Markey Address				ושו שושוו שווחס ווווו בסומו הוה וושווספו ו		ipis usum usum usum suum	
Principal Place of Business Mailing Address						{			
310 NW 19 STREET 1310 NW 19 ST HOMESTEAD FL 33030 HOMESTEAD FL 33030						Į.			
US		บร				DO NOT WRITE II	THIS SP	ACE	
						 Date Incorporated or Qualified 07/23/1990 			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				65-0214067		Not Applicable	
Suite, Apt.	·	Suite, Apt. #, etc.				5. Certificate of Status Desired		8.75 Additional Fee Required	
City & Sta	te	City & State				6. Election Campaign Financing	7	\$5:00 May Be	
23		28	T2			Trust Fund Contribution	-1	Added to Fees	
Zip	Country	Zip	Cour	wy		 This corporation owes the current y Intangible Personal Property. 		es 🗋 No	
24	9. Name and Address of Currer	29 29	30			10. Name and Address of New Regis	=		
	3. Hanne and Address of Curren	it it distribu Agent		81	Name		-	<u></u>	
GUADAYOL, EDUARDO						(2.0.2			
1310	1310 NW 19 STREET			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		Í	
HOM	iestead fl 33030		{	83					
			ĺ	_					
			{	84	City		FL	25 Zip Code	
office or	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida, Such change was a ations of, section 607,0505, Flo	orida Statu	ites.	the corporation	ration submits this statement for the purpos on's board of directors. I hereby accept the uired when reinstating)	appointmi	ent ás registered.∞`	
2.		ID DIRECTORS	13.		·	ADDITIONS/CHANGES TO OFFICE	RS AND C	IRECTORS IN 12	
rle.	PTD	DELETE	1.1 TITE	LΕ				Change Addition	
ME	GUADAYOL, EDUARDO		1.2 NA	ME	ļ			{	
REET ADDRESS	15351 S.W. 302ND STREET		1.3 STR	REET	ADDRESS			ļ	
Y-ST-ZIP	LEISURE CITY FL		1.4 CIT	Y-ST-	-ZiP				
Æ		DELETE	2.1 TIT	LE	}			Change Addition	
AE.	{		2.2 NA		{			{	
EET ADDRESS	†		2.3 STR	REET	ADDRESS			}	
4ST-ZIP			2.4 CIT		ZIP				
Ę	}	DELETE -	_ 3,1 TIT		}		L_J	Change Addition	
E	}		3.2 NAI		+DBD70-			}	
ET ADDRESS	}				ADDRESS			}	
ST-ZIP	}	DELETE	3.4 CIT 4.1 T(T)		-ZIP			Change Addition	
	{	FT) nere ie	4.2 NA		}			Charige L_1 Addition	
T ADDRESS			1		ADDRESS			{	
T-ZIP	{		4.4 CIT		}			{	
1/21/	{	DELETE	5.1 TITI		=			Change Addition	
	}		5.2 NAJ	ME	{	•			
ADDRESS	{		5.3 STR	EET /	ADDRESS				
-ZIP		·	5.4 CIT	Y-ST-	-ZIP				
	i	DELETE	6.1 TIT	LE	7-			Change Addition	
	}		6.2 NA	ΜE	}				
AODDESS	1		63970	EFT 4	ADDRESS			í	

ereby certify that the information supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i). Florida Statutes. I further certify that the information licated 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 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 3lock 12 or Block 13 if changed, or on an attention of the corporation or the receiver 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 3lock 12 or Block 13 if changed, or on an attention of the corporation or the receiver of the corporation of the corporation

NATURE:

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305-347-3944