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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:15

DOCUMENT # **M35725** **(4)**

1. Corporation Name

SAINT CLARA CANDLES, CORP.

Principal Place of Business	Mailing Address
18067 SOUTH DIXIE HIGHWAY **MIAMI FL 33157**	**18067 SOUTH DIXIE HIGHWAY** **MIAMI FL 33157**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/21/1986	**05/24/1994**

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

4. FEI Number **59-2702148** ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PASPALLIS, XIOMARA **18067 S DIXIE HWY** **MIAMI FL 33157**	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 _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**PST**	11 TITLE		☐ Change ☐ Addition
NAME	**PASPALLIS, XIOMARA**	12 NAME		
STREET ADDRESS	**18067 S DIXIE HWY**	13 STREET ADDRESS		
CITY ST ZIP	**MIAMI FL**	14 CITY ST ZIP		
TITLE	**D**	21 TITLE		☐ Change ☐ Addition
NAME	**PASPALLIS, XIOMARA**	22 NAME		
STREET ADDRESS	**18067 S DIXIE HWY**	23 STREET ADDRESS		
CITY ST ZIP	**MIAMI 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 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: Xiomara Paspallis 5/8/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Signature Phone #)

0171175 CP

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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M36294** **(0)**

1. Corporation Name
GREEN STREAK INCORPORATED

Principal Place of Business	Mailing Address
% SANFORD NEUBARTH 11222 QUAIL ROOST DRIVE MIAMI FL 33157	% SANFORD NEUBARTH 11222 QUAIL ROOST DRIVE MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/05/1986
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2709280 (Applied For / Not Applicable)
21 c/o Len Garcia	26 c/o Len Garcia	
22 Suite, Apt. #, etc: 11222 Quail Roost Dr.	27 Suite, Apt. #, etc: 11222 Quail Roost Dr.	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
23 City & State: Miami FL	28 City & State: Miami FL	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
24 Zip: 33157 25 Country: USA	29 Zip: 30 Country:	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
NEUBARTH, SANFORD 11222 QUAIL ROOST DR. MIAMI FL 33157	81 Name: Garcia, Leonardo 82 Street Address (P O Box Number is Not Acceptable): 11222 Quail Roost Dr. 83 84 City: Miami FL 85 Zip Code: 33157

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] Leonardo Garcia, Director Secretary 5/21/95
(Typed or printed name of registered agent and title if applicable) (Registered Agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	D	☒ Change ☐ Addition
NAME	GARCIA, LEONARDO	12 NAME	GARCIA, LEONARDO FRANCISCO	
STREET ADDRESS	11222 QUAIL ROOST DRIVE	13 STREET ADDRESS	11222 QUAIL ROOST DR.	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	MIAMI, FL	
TITLE	DV	21 TITLE		☐ Change ☐ Addition
NAME	LEVY, GUSTAVO	22 NAME		
STREET ADDRESS	11222 QUAIL ROOST DRIVE	23 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP		
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	CASTELO, ENRIQUE L.	32 NAME		
STREET ADDRESS	11222 QUAIL ROOST DRIVE	33 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP		
TITLE	DS	41 TITLE	S	☒ Change ☐ Addition
NAME	NEUBARTH, SANFORD	42 NAME	GARCIA, LEONARDO FRANCISCO	
STREET ADDRESS	11222 QUAIL ROOST DRIVE	43 STREET ADDRESS	11222 QUAIL ROOST DR.	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	MIAMI, FL	
TITLE		51 TITLE	DP	☐ Change ☒ Addition
NAME		52 NAME	DENISON, FLOYD GENE	
STREET ADDRESS		53 STREET ADDRESS	11222 QUAIL ROOST DR.	
CITY ST ZIP		54 CITY ST ZIP	MIAMI FL	
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 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/95
Date

305 2526937
Daytime Phone #

0171773 CP