FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REMITTED BY MAY 1

DOCUMENT # **N45120** **(5)**

1. Corporation Name

OPERATION GREEN LEAVES, INC.

Principal Place of Business	Mailing Address
8220 NW 201 STREET MIAMI FL 33015 US	8220 NW 201 STREET MIAMI FL 33015 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/12/1991
3a. Date of Last Report: 09/30/1994
4. FEI Number: 65-0284655 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SCHWITALLA, JAMES
9655 S. DIXIE HWY. #311
MIAMI FL 33156-2813

10. Name and Address of New Registered Agent

81 Name: LINDA VILLENA
82 Street Address (P.O. Box Number is Not Acceptable)
83: 8270 S-W 47th Terr.
84 City: Miami FL 85 Zip Code: 33155

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: Linda Villena
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PATRICE, NADINE	1.2 NAME	
STREET ADDRESS	8220 NW 201 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	MARC, JEAN	2.2 NAME	
STREET ADDRESS	1382 SW 178TH WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	~~SCHWITALLA, JAMES~~	3.2 NAME	
STREET ADDRESS	~~9655 S. DIXIE HWY. #311~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33156~~	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	VILLENA, LINDA	4.2 NAME	
STREET ADDRESS	8270 SW 47TH TERR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	PATRICE, ROMAN	5.2 NAME	
STREET ADDRESS	8220 NW 201 STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition
NAME	BRICOURT, SYLVIO	6.2 NAME	
STREET ADDRESS	8400 SW 133RD AV. RD. 305	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nadine C. Patrice 4/28/95 635-9011 (305)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007800