

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra Montan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N45120**
1. Corporation Name

(5)

OPERATION GREEN LEAVES, INC.



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

Mailing Address
**8220 NW 201 STREET
MIAMI FL 33015
US**

3. Date Incorporated or Qualified
09/12/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **615 S-W 2nd Ave.**
Suite, Apt. #, etc.
22 **Suite 208**
City & State
23 **Miami, Fla.**
Zip
24 **33130**

2a. Mailing Address
26 **615 S-W 2nd Ave.**
Suite, Apt. #, etc.
27 **Suite 208**
City & State
28 **Miami, Fla. 33130**
Zip
29
Country
30

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**VILENA, LINDA
9455 S. DIXIE HWY. #311
8270 SW 47TH TERR.
MIAMI FL 33155**

10. Name and Address of New Registered Agent
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | PATRICE, NADINE | |
| STREET ADDRESS | 8220 NW 201 ST. | |
| CITY - ST - ZIP | MIAMI FL 33015 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | MARC, JEAN | |
| STREET ADDRESS | 1382 SW 178TH WAY | |
| CITY - ST - ZIP | PEMBROKE PINES FL 33029 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | LINDA CESAR NOEL | |
| STREET ADDRESS | 6321 S-W 19th STREET | |
| CITY - ST - ZIP | MIRAMAR, FLA. 33023 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | PATRICE, ROMAN | |
| STREET ADDRESS | 8220 NW 201 STREET | |
| CITY - ST - ZIP | MIAMI FL 33015 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | BRICOURT, SYLVIO | |
| STREET ADDRESS | 8400 SW 133RD AV. RD. 305 | |
| CITY - ST - ZIP | MIAMI FL 33183 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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)(k), 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* 8/7/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
CS 8/16/96

CR2E037 (12/95)