**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.**
**AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)**

NON-PROFIT CORPORATION ANNUAL REPORT
**1997 & 1998**

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

FILED
98 JUL 15 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45120 (2)

1. Corporation Name
OPERATION GREEN LEAVES

| Principal Place of Business | Mailing Address |
|---|---|
| 1753 SW 8TH ST<br>MIAMI FL 33133 | 1753 SW 8TH ST<br>MIAMI FL 33133 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/12/91
3a. Date of Last Report: 09/26/97

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0284-655 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
NADINE C. PATRICE
8220 N.W 201 Street
MIAMI, Fla. 33015

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 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: Nadine C. Patrice (Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | NADINE PATRICE | 1.2 NAME | 700002601297--4 |
| STREET ADDRESS | PRESIDENT<br>8220 N.W 201 Street | 1.3 STREET ADDRESS | -07/29/98--01040--001 |
| CITY-ST-ZIP | MIAMI, Fla. 33015 | 1.4 CITY-ST-ZIP | ****122.50 ☐ Addition |
| TITLE | ☐ DELETE | 2.1 TITLE | ****122.50 ☐ Addition |
| NAME | SYLVIO BRICOURT | 2.2 NAME | 700002601297--4 |
| STREET ADDRESS | VICE-PRESIDENT<br>8400 S.W 133 Ave. #305 | 2.3 STREET ADDRESS | -07/29/98--01040--002 |
| CITY-ST-ZIP | MIAMI, Fla. 33183 | 2.4 CITY-ST-ZIP | ******1.00 ☐ Addition |
| TITLE | ☐ DELETE | 3.1 TITLE | ******1.00 ☐ Addition |
| NAME | LINDA CESAR NOEL | 3.2 NAME | |
| STREET ADDRESS | TREASURER<br>6321 S.W 19th Street | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIRAMAR, Fla. 33023 | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | Dee-ANNE Treadway | 4.2 NAME | |
| STREET ADDRESS | SECRETARY 1700 S. Bayshore DR. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | #3252<br>Miami, Fla. 33131 | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | SL 7-15-98 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (4/97)

14. I do hereby certify that the information supplied with this filing 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:** Nadine C. Patrice