03011999-90110-019-$61.00-$61.00

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 10 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45120

1. Corporation Name
OPERATION GREEN LEAVES, INC.

Principal Place of Business	Mailing Address
1753 SW 8TH ST MIAMI FL 33135 US	1753 SW 8TH ST MIAMI FL 33135 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 4141 N. Miami Ave	26 P.O. Box 5254	09/12/1991
Suite, Apt. #, etc. 22 Executive Suites	Suite, Apt. #, etc. 27	4. FEI Number 65-0284655 ☐ Applied For ☐ Not Applicable
City & State 23 Miami, Fla.	City & State 28 Coral Gables, Fla.	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33137 25	Zip / Country 29 33114 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PATRIE, NADINE C 8220 NW 201 STREET MIAMI FL 33015	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 _____ (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	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	PATRICE, NADINE		1.2 NAME	BRICOURT, SYLVIO	
STREET ADDRESS	8220 NW 201 ST.		1.3 STREET ADDRESS	8400 S.W 133 Ave. #305	
CITY-ST-ZIP	MIAMI FL 33015		1.4 CITY-ST-ZIP	Miami, Fla. 33183	
TITLE	VPD	☐ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	BRICOURT, SYLVIO		2.2 NAME	Willio Louis Francillon	
STREET ADDRESS	8400 SW 133 AVE #305		2.3 STREET ADDRESS	6316 S-W 136 Ter #C105	
CITY-ST-ZIP	MIAMI FL 33183		2.4 CITY-ST-ZIP	Miami, Fla. 33183	
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	NOEL, LINDA CESAR		3.2 NAME	ZANDRA Faulks	
STREET ADDRESS	6321 SW 19TH STREET		3.3 STREET ADDRESS	2281 Sherman Circle South #B571	
CITY-ST-ZIP	MIRAMAR FL 33023		3.4 CITY-ST-ZIP	MIRAMAR, Fla. 33025	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TREADWAY, DEE-ANNE		4.2 NAME		
STREET ADDRESS	1700 S BAYSHORE DR #3256		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
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		

3/10/99

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Willio Francillon SIGNATURE REQUIRED 1/27/99
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E037 (11/98)