

**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 APR 27 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N45214 (6)**  
1. Corporation Name  
**VIDA VERDE INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**1130 SW 13TH AVE. MIAMI FL 33135** **1130 SW 13TH AVE. MIAMI FL 33135**

3. Date Incorporated or Qualified **09/19/1991** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-3092831** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **4815 Glenaire CT.** 26 **4815 Glenaire CT.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
**TAMPA, FL.** **TAMPA, FL.**  
23 Zip Country 28 Zip Country  
**33624 Hillsborough** **33624 Hillsborough**  
24 25 29 30

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  **(61,25) \$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**VASQUEZ, ANA MARIA**  
**1130 SW 13TH AVE**  
**MIAMI FL 33135**

10. Name and Address of New Registered Agent  
81 Name **SHANON LARSEN**  
82 Street Address (P.O. Box Number Is Not Acceptable) **710 NORTH**  
**Oleander Avenue.**  
83 City **DAYTONA BEACH FL** 85 Zip Code **32218**

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 **SHANON LARSEN (REGISTERED AGENT)** **April 22/95**  
Signature, typed or printed name of registered agent and the filer, if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>VASQUEZ, ANA MARIA</b>
STREET ADDRESS	<b>1130 SW 13TH AVE</b>
CITY- ST- ZIP	<b>MIAMI FL</b>
TITLE	<b>V</b>
NAME	<b>STETSON, KENNEDY</b>
STREET ADDRESS	<b>1523 SR 13TH</b>
CITY- ST- ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>TD</b>
NAME	<b>DAUGHTRY, SHEILA</b>
STREET ADDRESS	<b>2907 ST ISIDRO</b>
CITY- ST- ZIP	<b>TAMPA FL</b>
TITLE	<b>S</b>
NAME	<b>COUNCIL, MARGARET</b>
STREET ADDRESS	<b>6506 PICADILLY CT #304</b>
CITY- ST- ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b>
NAME	<b>LEWIS, VAN</b>
STREET ADDRESS	<b>2907 TOMASVILLE RD</b>
CITY- ST- ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>D</b>
NAME	<b>GARCIA, PHILLIP</b>
STREET ADDRESS	<b>1130 SW 13TH AVE</b>
CITY- ST- ZIP	<b>MIAMI FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>P.S.D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PHILLIP C. GARCIA</b>
1.3 STREET ADDRESS	<b>4815 Glenaire CT.</b>
1.4 CITY- ST- ZIP	<b>TAMPA, FL. 33624</b>
2.1 TITLE	<b>V.D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>LEWIS VAN</b>
2.3 STREET ADDRESS	<b>2807 TOMASVILLE RD.</b>
2.4 CITY- ST- ZIP	<b>TALLAHASSEE FL.</b>
3.1 TITLE	<b>T.D.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>ARTHUR L. LEARY</b>
3.3 STREET ADDRESS	<b>4815 Glenaire CT.</b>
3.4 CITY- ST- ZIP	<b>TAMPA, FL. 33624.</b>
4.1 TITLE	<b>D.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>BRUCE GAGNON</b>
4.3 STREET ADDRESS	<b>P.O. BOX 90035</b>
4.4 CITY- ST- ZIP	<b>GAINESVILLE FL. 32607</b>
5.1 TITLE	<b>D.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>SHONA PURAN</b>
5.3 STREET ADDRESS	<b>234 78TH STREET NORTH</b>
5.4 CITY- ST- ZIP	<b>ST. PETERSBURG FLORIDA.</b>
6.1 TITLE	<b>D.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>JOSE PEREZ DE CORCHO PE.</b>
6.3 STREET ADDRESS	<b>9935 NW. 46 ST. #107</b>
6.4 CITY- ST- ZIP	<b>MIAMI FL. 33178</b>

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: **Phillip C. Garcia P.G.D.** **April 22/95 (813) 962-1737**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Fee \$