SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Sep 17 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

N49412 DOCUMENT #

(2)

CITIZE	NS FOR GREENSPACE, IN	NC.			 	 8:8:1 8:8:6 8:8:1 8:8:1 8:8:1	1 0 14 0 14 11 1 0 01	
					_			
Principal Place of Business Mailing Address							/BJ4 01041 1001	
2840 FAIRGREEN DR 2840 FAIRGREEN DR MIAMI BEACH FL 33140 MIAMI BEACH FL 33140				DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified 06/17/1992	3a. Date of Last F 08/08/19		
2. Principal Place of Business		2a, Mailing Address		4. FEI Number	A	pplied For		
21		26		65-0372535 Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	7	Additional leguired	
22 City & State		City & State	City & State		6. Election Campaign Financing		<u> </u>	
23		 	28		Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country Zip		Count	Country 8. This corporation owes or has paid the current				
24	25 29 30		30		Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curr	ent Registered Agent		41 81	10. Name and Address of New Reg	Istered Agent		
MOUOLO	**************************************		8	1 Name				
NICHOLS, TRACY HOLLAND & KNIGHT				2 Street Addre	Address (P.O. Box Number is Not Acceptable)			
				3				
MIAMI FL								
1114 4711 7 6			8	6 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 of			gent signature require		DATE		
12.	D OFFICERS A	AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICE	Change	RS IN 12	
NAME	VAIGNAAN DANIEL		1.7 THE	ŀ		C Chango	L Roomon	
STREET ADDRESS	AAAA EAIDABEENI DD			ET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CITY-	ST-ZIP				
TITLE			2.1 TITLE			Change	Addition	
NAME			2.2 NAME					
STREET ADDRESS	2840 FAIRGREEN DR		2.3 STREET ADDRESS					
CITY-ST-ZIP			2 4 CITY 3.1 TITLE			Change	Addition	
TITLE NAME	MILED DADOW		3.1 THEE			LI Change	Addition	
STREET ADDRESS	ANA FAIDOREST DR			et address				
CITY-ST-ZIP	ANAM DEACH EI		3.4. CITY					
TITLE			4.1 TITLE			☐ Change	Addition	
NAME	4.21		4. 2 NAM	E				
STREET ADDRESS			4.3 STREE	et address				
CITY-ST-ZIP		D. DEL PER	4.4 CITY-			[=] a.		
TITLE		L] DELETE	5.1 TITLE			L. Change	Addition	
NAME CORECT ADDRESS			5.2 NAME					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY- 6.1 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			6.4 CITY	ST-ZIP				
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.								