

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002622 (6)**

1. Corporation Name

EDEN NOW ECOLOGICAL INSTITUTE, INC.

Principal Place of Business	Mailing Address
25650 S.W. 197TH AVENUE C/O ANDRES MEJIDES HOMESTEAD FL 33031	25650 S.W. 197TH AVENUE C/O ANDRES MEJIDES HOMESTEAD FL 33031

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/10/1996

4. FEI Number

65-0693388

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

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

10. Name and Address of New Registered Agent

**GLASSBERG, DAVID M ESQUIRE
18821 SW 309TH ST
HOMESTEAD FL 33030**

81 Name **YVONNE MEJIDES**

82 Street Address (P.O. Box Number is Not Acceptable) **18821 SW 309TH ST**

83

84 City **HOMESTEAD**

FL

85

Zip Code **33030**

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]* DATE **6/5/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEJIDES, ANDRES		1.2 NAME	
STREET ADDRESS	25650 S.W. 197TH AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL		1.4 CITY-ST-ZIP	

TITLE	VTD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEJIDES, YVONNE		2.2 NAME	
STREET ADDRESS	18821 S.W. 309TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL		2.4 CITY-ST-ZIP	

TITLE	DVS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWE-MEJIDES, CYNTHIA		3.2 NAME	
STREET ADDRESS	25650 S.W. 197TH AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33031		3.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEJIDES, ANDRES		4.2 NAME	
STREET ADDRESS	25650 S.W. 197TH AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33031		4.4 CITY-ST-ZIP	

TITLE	DV	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCKER, MICHAEL		5.2 NAME	
STREET ADDRESS	11747 SW 99 LANE		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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.

SIGNATURE *[Signature]* DATE **6/5/98**

CR2E037 (10/97)