Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90096 028 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P19703

1. Corporation Name

GREEN RIVER, INC.

Principal Place of Business Mailing Address 5101 N.W. 21ST AVENUE. #141 5101 N.W. 21ST AVENUE. #141 FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed "06/20/1988				
Principal Place of Business     2a. Mailing Address						4. FEI Number		Apr	olied For	
21 26						52-1476685		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	T -		dditional	
22		27				3. Columnate of Otatas Besilied	F	ee Rec	quired	
City & State City & State						6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country Zip			ntry		8. This corporation owes the current ye	ar Intangible	<del></del>		
24	25		10	,		Personal Property Tax.	Ye		∐No ∣	
[24]	9. Name and Address of Currer		<u>~</u>			10. Name and Address of New Regist	ered Agent			
CORAL, CESAR 5101 N.W. 21ST AVENUE #141 FORT LAUDERDALE FL 33308				81 82 83 84	2 Street Address (P.O. Box Number is Not Acceptable)					
i office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligation	of Florida. Such change was aut	погіхеа	Dy	tne corporatio	oration submits this statement for the purpoin's board of directors. I hereby accept the	se of changi appointment	ng_its_i as reg	registered jistered	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: R	Registered	Agen	t signature required		TE			
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFICER				
TITLE	P DELETE		1.1 TIT	1.1 TITLE		•	∐ Cr	range	Addition	
NAME	CORAL, CESAR			1.2 NAME						
STREET ADDRESS				1.3 STREET ADDRESS						
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		-	1.4 CITY-ST-ZIP						
TITLE		☐ DELETE	2.1 ТП	LE	İ		□ Ct	iange	☐ Addition	
NAME			2.2 NA	ME					ì	
STREET ADDRESS			2.3 ST	REET	T ADDRESS					
CITY-ST-ZIP			2. 4 CI		ST-ZIP					
TITLE		☐ DELETE	3.1 TIT	LE			□ CH	iange	Addition (	
NAME			3.2 NA	ME					'	
STREET ADDRESS			33 ST	REET	T ADDRESS				j	
CITY-ST-ZIP		<del></del>	3.4. CI		ST-ZIP				□ Additio-	
TITLE		☐ DELETE	4.1 TIT			-	□ cr	iange	Addition	
NAME			4. 2 N							
STREET ADDRESS			4.3 ST	REET	TADDRESS					

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 607, 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.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ DELETE

Addition

☐ Addition

Change

Change