

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 5:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000069721 (7)

1. Corporation Name

LA ROSA VERDE NORTH, INC.

Principal Place of Business

14801 GARFIELD DR.
HOMESTEAD FL 33033

Mailing Address

14801 GARFIELD DR.
HOMESTEAD FL 33033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0465170

Applied For

Not Applicable

State Apt # etc

Suite Apt # etc

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLS, PATRICK A
14801 GARFIELD DR.
HOMESTEAD FL 33033

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 607.0502 and 607.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and 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 607.0504, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Officer of the Corporation)

(Signature of Registered Agent or Officer of the Corporation)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	MILLS, PATRICK A
STREET ADDRESS	14801 GARFIELD DR.
CITY, STATE, ZIP	HOMESTEAD FL 33033
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	MARGARET THOMPSON	
1.3 STREET ADDRESS	14801 Garfield Dr.	
1.4 CITY, STATE, ZIP	Homestead, FL 33033	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, STATE, ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, STATE, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, STATE, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, STATE, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, STATE, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the exemption stated in Section 199.032(1), Florida Statutes. I further certify that the information included 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 available on demand for 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, on an official record with an addition.

SIGNATURE:

(Signature of Registered Agent or Officer of the Corporation)

MARGARET THOMPSON

4/27/95

305 248-0015