W: FILING FEE AFTER MAY 1 IS $225.00

RPORATION
NNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 PM 5:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000069728 (2)

1. Corporate Name
LA VIOLETA VERDE, 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
21
Suite, Apt. # or Bldg.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. # or Bldg.
27
City & State
28
Zip
29
County
30

4. FEI Number: 65-0465171 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MILLS, PATRICK A
14801 GARFIELD DR.
HOMESTEAD FL 33033

10. Name and Address of New Registered Agent

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 607.1508, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS

D
MILLS, PATRICK A
14801 GARFIELD DR.
HOMESTEAD FL 33033

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1 Title: D
1 Name: MARGARET THOMPSON
1 Street Address: 14801 Garfield Dr.
1 City ST ZIP: Homestead, FL 33033
☐ Change ☒ Addition

2 Title / Name / Street Address / City ST ZIP ☐ Change ☐ Addition

3 Title / Name / Street Address / City ST ZIP ☐ Change ☐ Addition

4 Title / Name / Street Address / City ST ZIP ☐ Change ☐ Addition

5 Title / Name / Street Address / City ST ZIP ☐ Change ☐ Addition

6 Title / Name / Street Address / City ST ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is accurately entered and 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 1, or Block 12 if changed, or on an attachment with an address.

SIGNATURE: Margaret Thompson 4/27/95 305 - 248 - 0015
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN — Date — Daytime Phone #
MARGARET THOMPSON

0117202 CR