## 5-4-98 B 284d FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000069728 (2) LA VIOLETA VERDE, INC.

FILED May 04 1998 8:00am Secretary of State



						<b>i i i i i i i i i i i i i i i i i i i </b>	<b>68 (6 ( ( 68)</b> ( <b>( 6)</b> ( <b>6 ( )</b>
Principal Place of Business Mailing Address							
14801 GARFIELD DR. HOMESTEAD FL 33033		14801 GARFIELD DR. HOMESTEAD FL 33033					
. Hymborary It wood		NOMESTERO PE 00000		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
					10/01/1993		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
Suite, Apt. #, etc.		26 Suite Apt # ate	Suite, Apt. #, etc.		65-0465171		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	¬		5. Certificate of Status Desired		.75 Additional
City & State		City & State			Flection Campaign Financing	Election Campaign Financing \$5.00 May Be	
23		28	28		Trust Fund Contribution	, ,	dded to Fees
Zip			Cour	itry	8. This corporation owes or has paid the current year Intangible		
24	25	29	30	· · · · · · · · · · · · · · · · · · ·	Personal Property Tax due Jun		□ No
	9. Name and Address of Curren	t Registered Agent		Tal N	10. Name and Address of New R	egistered Agent	
	LLS, PATRICK A		]'	B1 Name			j
	801 GARFIELD DR.		[7	32 Street Add	dress (P.O. Box Number is Not Accepta	able)	
HOMESTEAD FL 33033			ļ.	B3			·
				B4 City		85	Zip Code
•				Oily		FL  °°	Zip Code
office or r	to the provisions of Sections 607.0502 egistered agont, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized	by the corpora	rporation submits this statement for the ation's board of directors. I hereby acceptable in the state of the	purpose of chang apt the appointme	ging its registered ent as registered
SIGNATURE	Signature, typed or punited name of registered age:	Around table of annual state of the Around table of the Around tab	Tr. Bankstonad	Accel accel up to	uited when reinstaling)	DATE	
12,	OFFICERS AND		13.	Agent a gristine red	ADDITIONS/CHANGES TO OFF		CTORS IN 12
TITLE			1.1 TITL	E		☐ CH	
NAME	MARGARET THOMPSON 1.2N		1.2 NAM	AE			2
STREET ADDRESS			1.3 STR	EET ADORESS			[8]
CITY-ST-ZIP	HOMESTEAD FL			/-ST-ZIP			
TITLE	D	<b>70</b>		.E		Ct	ange
NAME	- 440A4 OADERED DONE		2 2 NAM	AE }			]
STREET ADDRESS			2.3 STR	EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			4.69
TITLE	MILLS, PATRICK A.	HILO DATOON A		ſ		L Cr	nange
NAME	14801 GARFIELD DR		3.2 NAM				
STREET ADDRESS	HOMESTEAD FL			EET ADDRESS			1
CITY-ST-ZIP TITLE	ST	DELETE	3.4, Cit 4.1 Titl	Y-S1-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Ch	nange Addition
NAME	MILLS, WINIFRED K	La Diccit	4.2 NA	<b>\</b>			
STREET ADDRESS	15875 SW 280 ST			EET ADDRESS			1
CITY-ST-ZIP	HOMESTEAD FL		1	r-ST-ZIP			
TITLE		DELETE	5.1 TiTL			☐ Ch	nange
NAME			5.2 NAM	ſ		·	ĺ
STREET ADDRESS				EET ADDRESS			
CITY-S1-ZIP				r-ST-ZIP			1
TITLE		DELETE	6.1 TITL			☐ Ch	ange Addition
NAME			6.2 NAN	AE			,
STREET ADDRESS			6.3 STR	EET ADDRESS			
CITY-ST-ZIP			6,4 CITY	r-ST-ZIP			
14 I hereby o	ertity that the information supplied wi	th this filling does not qualify t	or the exer	notion stated in	n Section 119 07(3)(i) Florida Statutes	I further certify th	at the information

I nereby 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 trusted 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.

GNATURE:

(305)248-0015

SIGNATURE: