

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

FILED

Apr 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000069731 (6)**

1. Corporation Name

**LA ROSA VERDE SOUTH, INC.**

Principal Place of Business

**14801 GARFIELD DR.  
HOMESTEAD FL 33033**

Mailing Address

**14801 GARFIELD DR.  
HOMESTEAD FL 33033-2717**



<b>2. Principal Place of Business</b> 21 Suite, Apt #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> <b>10/01/1993</b>	<b>3a. Date of Last Report</b> <b>05/01/1996</b>
				<b>4. FEI Number</b> <b>65-0465172</b>	Applied For Not Applicable
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> <b>MILLS, PATRICK A</b> <b>14801 GARFIELD DR.</b> <b>HOMESTEAD FL 33033</b>				<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b> <input checked="" type="checkbox"/> DELETE NAME <b>MARGARET THOMPSON</b> STREET ADDRESS <b>29900 SW 169 AVE</b> CITY- ST- ZIP <b>HOMESTEAD FL</b>		1.1 TITLE <b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>MILLS, PATRICK A.</b> 1.3 STREET ADDRESS <b>14801 GARFIELD DR</b> 1.4 CITY- ST- ZIP <b>HOMESTEAD, FL 33033</b>	
TITLE <b>D</b> <input checked="" type="checkbox"/> DELETE NAME <b>THOMPSON, MARGARET</b> STREET ADDRESS <b>14801 GARFIELD DRIVE</b> CITY- ST- ZIP <b>HOMESTEAD FL 33033</b>		2.1 TITLE <b>S/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME <b>MILLS, WINIFRED K.</b> 2.3 STREET ADDRESS <b>15875 SW 280 ST</b> 2.4 CITY- ST- ZIP <b>HOMESTEAD, FL 33031</b>	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP	

14. I do 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 additional page if an address.

SIGNATURE:  **PATRICK A. MILLS** 4/24/97 (305) 248-0015  
 \_\_\_\_\_ Date Daytime Phone #

CR2E034 (9/96)