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PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P93000069731

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State 04-22-1999 90127 022 ***150.00

LA ROSA	A VERDE SOUTH, INC).								
Principal Place	e of Business	Mailing Add	ress				 	* 19111 19441	111361 1181 1887	
14801 GARFIELD DR. 14801 GARFIELD DR. HOMESTEAD FL 33033 HOMESTEAD FL 33033						DO NOT WRITI	F IN THIS SE	PACE		
						3. Date Incorporated or Qualifed 10/01/1993				
2 Principal P	lace of Business	2a. Mailing A	Address			4. FEI Number		T Ap	plied For	
21	1000 0. 200	26				65-0465172		No	t Applicable	
Suite, Apt.	#, etc.		pt. #, etc.					\$8.75	Additional	
22		27				5. Certifcate of Status Desired	<u> </u>	Fee Re	equired	
City & State	0999	City.& S	tate			6. Election Gampaign Financing		~\$5:00		=
23	<u></u>	28				Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	-	Count	ry	8. This corporation owes the curre				
24	25	29		30		Personal Property Tax.		Yes	□No	
	9. Name and Address of	t Current Registered Age	ent	8	1 Name	10. Name and Address of New Re	añisteren VA	161)[
MILE	S, PATRICK A			Ľ						
	1 GARFIELD DR.			8	2 Street Addr	ress (P.O. Box Number is Not Acceptab	ole)			
	MESTEAD FL 33033			8	3		<u></u>			
				Ľ		·	<u>.</u>			
				[8	4 City		FL	85 Zip (Code	
44 5	A. Al-	507 0502 and 607 1509	Elorido Statuto	a the abo	wo named corn	paration submits this statement for the n	:	anging its	registered	
office or n	egistered agent, or both, in the im familiar with, and accept the	ne State of Florida. Such one obligations of, Section 6	change was au 607.0505, Flori	ithorized to ida Statute	es,	poration submits this statement for the pon's board of directors. I hereby accept	ourpose of ch the appointm	anging its	registered gistered	
office or n agent. I al SIGNATURE	registered agent, or both, in the familiar with, and accept the signature, typed or printed name of reg	ne State of Florida. Such one obligations of, Section 6 stered agent and title if applicable.	change was au 607.0505, Flori	ida Statute	y the comporation	on's board of directors. I nereby accept	ourpose of ch the appointm		gistered	180
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office or reagent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the main familiar with, and accept the Signature, typed or printed name of regord PD MILLS, PATRICK A 14801 GARFIELD DR	ne State of Florida. Such one obligations of, Section 6 issered agent and title if applicable. ERS AND DIRECTORS	change was au 607.0505, Flori	Registered Ar 13. 1.1 TITUE 1.2 NAM	ent signature require	on's board of directors. I nereby accept	DATE ICERS AND	DIRECTO	PRS IN 12	025024 (44 (08)
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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 artificiance with an address, with all other like empowered.

SIGNATURE:

PATRICK A. MILLS, President

4/16/99 (305)248-

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