# SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000071077 (0)

### GREEN SOLUTIONS INTERNATIONAL, INC.

97 JUL 22 PM 1:35

SECRETAIN OF STATE TALLAHASSIE, FLORIDA

Principal Plac	iress			I (BBIIBBI HO IBIOD HILL BBIIL EBIIL H	T CONTINUE LIFE TRACED TOTAL BESTER BRITT BRITT TRANSPORT FEBRU BRITT FROM TRACE				
			P.O. BOX 141798						
CORAL GABL	ES FL 33114	CORAL GA	CORAL GABLES FL 33114			COM TON OCI	DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified			
						· '		·	
2. Principal P	lace of Business	2a. Mailing	Address			10/13/1993 4. FEI Number	08/12/ <sub>1</sub> 1	Applied For	
21		1	26				65-0451641 Not Applied For		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				— \$9.75 Additional		
22		<b></b>	27			5. Certificate of Status Desired		ee Required	
City & Stat	е		City & State			6. Election Campaign Financing	¢:	5.00 May Be	
23		28	28			Trust Fund Contribution		dded to Fees	
Zip	Country	Zip	Zip Country			8. This corporation owes or has p	aid the current ye	ear Intangible	
24	25	29	30	)		Personal Property Tax due Jur			
	9. Name and Address of Curre	ent Registered Ag	ent			10. Name and Address of New F	egistered Agent		
FUI	llerton, peter v			81	Name				
PADGETT & SHAW					82 Street Address (P.O. Box Number is Not Acceptable)				
2511 PONCE DE LEON BLVD., STE. 314				02	Sheet Address (r.o. Box Number is Not Acceptable)				
	RAL GABLES FL 33134		•		1				
					64.		To-I		
				84	City		FL  85	Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508,	Florida Statutes,	the abov	re-named	corporation submits this statement for the		ging its registered	
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									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRE		
TITLE	DPC	l	DELFTE	1.1 TO LE			CH	ange 🔲 Addition	
NAME	Bravo, Edgar			1.2 NAME			00		
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1.3 STREET ADDRESS			12.0	<b>)</b>	
CITY-ST-ZIP	CORAL GABLES FL 33114			1.4 CITY-	ST-ZIP		1 74	·	
TITLE	OC .	l	DELETE	217111.5				ange 🗌 Addition	
NAME	SHOLLEY, PETER			2.2 NAME		80000023	รลกสถ	182729	
SUREET ADDRESS	P.O. BOX 141798 (N/A)			2.3 STREE	ADDRESS		/9701080		
CITY-ST-ZIP	CORAL GABLES FL 33114			2.4 CITY-	\$1 - ZIP	****16	5.UU ***	*165.00	
TITLE	DT		DELETE	3.1 TITLE			☐ Ch	ange Addition	
NAME	Bravo, Edgar			3.2 NAME					
STREET ADDRESS	P.O. BOX 141798 (N/A)			3.3 STREE	T ADDRESS	1		ļ	
CITY-ST-ZIP	CORAL GABLES FL 33114			3 4. CITY-	ST-ZIP				
TITLE	DS	į	DELETE	4.1 THILE			☐ Ch	ange Addition	
NAME	FULLERTON, PETER V			4 2 NAME					
STREET ADDRESS	% 2511 PONCE DE LEON B	LVD., STE. 314		4.3 \$1RFE	T ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33134			4.4 CITY-	ST-ZIP				
TITLE		T	DELETE	5 1 TITLE	-		Ch	ange 🔲 Addition	
NAME				5.2 NAME					
STREET ADDRESS			ı	5.3 STREE	T ADDRESS				
CITY-ST-ZIP				5.4 CITY-1	ST - ZIP				
TITLE			DELETÉ	6.1 TITLE			Ch	ange Addition	
NAME				6.2 NAME					
STREET ADORESS				6.3 STREE	ADDRESS				
CITY-ST-ZIP		/		6.4 CITY - 5	ST-ZIP				
44									

I do hereby certify that the information supplied with his 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 arachment with an address.

### GREEN SOLUTIONS INTERNATIONAL, INC.

(2)

P. O. BOX 141798 CORAL GABLES, FL 33114 PH: 445-3446 - FAX: 445-3247

Florida Department of State Divisional Corporation P. O. Box 6327 Tallahassee, FL 32314

C/O: Annual Report Section

#### Gentlemen:

Enclosed please find the Corporate Annual Report with check No. 2299 for \$165.00, for the year 1997.

We solemnly attest no having received the original report.

Respectfully yours,

Edgar Bravo Recsiden