

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90159 037 ***150.00

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DOCUMENT # **P93000071077**

1. Corporation Name
GREEN SOLUTIONS INTERNATIONAL, INC.

Principal Place of Business
P.O. BOX 141798
CORAL GABLES FL 33114

Mailing Address
P.O. BOX 141798
CORAL GABLES FL 33114



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1993

4. FEI Number

65-0451641

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FULLERTON, PETER V
PADGETT & SHAW
2511 PONCE DE LEON BLVD., STE. 314
CORAL GABLES FL 33134**

81

Name **PETER FULLERTON V.**

82

Street Address (P.O. Box Number is Not Acceptable)
2601 SOUTH BAYSHORE DRIVE

83

84

City **MIAMI**

FL

85 Zip Code

33133-5460

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. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DPC**
STREET ADDRESS **BRAVO, EDGAR**
CITY-ST-ZIP **P.O. BOX 141798 (N/A)
CORAL GABLES FL 33114**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **DC**
STREET ADDRESS **SHOLLEY, PETER**
CITY-ST-ZIP **P.O. BOX 141798 (N/A)
CORAL GABLES FL 33114**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **DT**
STREET ADDRESS **BRAVO, EDGAR**
CITY-ST-ZIP **P.O. BOX 141798 (N/A)
CORAL GABLES FL 33114**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **FULLERTON, PETER V**
CITY-ST-ZIP **% 2511 PONCE DE LEON BLVD., STE. 314
CORAL GABLES FL 33134**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **DS**
4.3 STREET ADDRESS **FULLERTON, PETER V.**
4.4 CITY-ST-ZIP **2601 SOUTH BAYSHORE DRIVE
MIAMI FL 33133-5460**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/99

305-445-3446

CR2E034 (11/98)