## 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** # P93000080722 (0)

FLORIDA GREEN TOUR CO.					
Principal Plac	e of Business	Mailing Address		I GODEIDON HA GARAN IIIII ANNIN BALLA NOIN TOIRI (D	HIV WOULL IN STATE STRING THE STATE STATE
13455 SW 91 TERRACE 13455 SW 91 TERRACE MIAMI FL 33186-1518 MIAMI FL 33186-1518					
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				11/23/1993	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
		26		65-0450970	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Commodito di Status Desired	Fee Required
City & Stat	l <del>e</del>	City & State		6. Election Campaign Financing	\$5.00 May Be
Z <sub>I</sub> p	1 0	28		Trust Fund Contribution	Added to Fees
24]	Country	Zip	Country 30	8. This corporation owes or has paid the co	
24 25 29 29 9. Name and Address of Current Registered Agent			[30]	Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes No
			81 Name		
MOSES, EDUARDO 13455 SOUTHWEST 91 TERRACE			The state of the s	10325, EDUARDO	
MAMI FL 33166			82 Street Add	rass (P.O. Box Lumber is Not Acceptable)	e#103
THE C	umi FL 33100		83 👨	- H & a +	
				owin Dea org	
		1.	84 City	ian, Beach Fl	L * 3313 7
11. Pursuant	to the provisions of Sections 6070	302 and 607.1508, Florida Statute	es, the above-named cor	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered
agent. I a	im familiar with, and accept the on	ligations of Section 607.0505, Flo	rida Statules.		pointment as registered
SIGNATURE	- County No			4160140	<u> </u>
12.	Signature, typed or printed name of registered	agreer and title it emplicable (NOTE AND DIRECTORS	.: Registered Agent signature requ		ID DIDECTORS IN AS
TITLE	P OFFICERS?	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	MOSES, EDUARDO M	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1.2 NAME		L clienge L Addition
STREET ADDRESS 13455 SOUTHWEST 91 TERRACE		1.3 STREET ADDRESS			
CITY-ST-ZIP MIAMI FL		1.4 CITY - ST - ZIP			
TITLE	S	☐ DELETE	2.1 TITLE	**************************************	Change Addition
NAME	MOSES, EDUARDO M		2.2 NAME		• • — ····
STREET ADDRESS	STREET ADDRESS 13455 SOUTHWEST 91 TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filing does not qualify indicated on this annual report or supplied with this filing does not qualify indicated on this annual report or supplied that the first supplied to the corporation of the receiver or trustee empowered to Block 12 or Block 13 if changed or on an attachment with an address. for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

4.4 CITY-ST-ZIP

**53 STREET ADDRESS** 

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

51 TITLE

52 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE: X

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

305.387.2700

Change

☐ Change

Addition

Addition

**FILED** 

Apr 24 1998 8:00am

Secretary of State