

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000003328 (9)

1. Corporation Name

H. FRANCO LANDSCAPING & LAWN SERVICE, INC.



Principal Place of Business

4331 N.W. 167TH TERRACE
MIAMI FL 33055

Mailing Address

4331 N.W. 167TH TERRACE
MIAMI FL 33055

3. Date Incorporated or Qualified
01/13/1994

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0459598

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANCO, HENRY
4331 N.W. 167TH TERRACE
MIAMI FL 33055

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Emilio Franco
Signature (typed or printed name of registered agent and true if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|-------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | FRANCO, HENRY | |
| STREET ADDRESS | 4331 N.W. 167TH TERRACE | |
| CITY - ST - ZIP | MIAMI FL 33055 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | FRANCO, ENRIQUE | |
| STREET ADDRESS | 4320 N.W. 169TH TERRACE | |
| CITY - ST - ZIP | MIAMI FL 33055 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | FRANCO, JENNIFER | |
| STREET ADDRESS | 4331 N.W. 167TH TERRACE | |
| CITY - ST - ZIP | MIAMI FL 33055 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | FRANCO, NIRIA | |
| STREET ADDRESS | 4320 N.W. 169TH TERRACE | |
| CITY - ST - ZIP | MIAMI FL 33055 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FRANCO, EMILIO | |
| STREET ADDRESS | 4331 N.W. 167TH TERRACE | |
| CITY - ST - ZIP | MIAMI FL 33055 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 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 | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | 4320 N.W. 169TH TERRACE |
| 5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Henry Franco HENRY FRANCO PRES. 2-28-96 (305) 625-9320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Type Phone #

CR2E034 (12/95)