

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P94000048636 (2)**

1. Corporation Name

**GREEN LAND DEVELOPMENT CORPORATION**



Principal Place of Business

25 S.E. 2ND AVE.  
SUITE 740  
MIAMI FL 33131

Mailing Address

25 S.E. 2ND AVE.  
SUITE 740  
MIAMI FL 33131

3. Date Incorporated or Qualified  
**06/29/1994**

3a. Date of Last Report  
**01/31/1995**

4. FLE Number

**APPLIED FOR 65-0547372**

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**SANTOS, MANRO C  
25 S E 2ND AVE  
SUITE 1235  
MIAMI FL 33131**

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

Signature of the person filing this report (see Block 12)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
	<b>D</b>	<b>LOPES, DIRCEU L</b>	<b>AV. BRIGAD. LUIS ANTONIO, 4.159</b>	<input type="checkbox"/>
		<b>SAO PAULO, S.P. BRAZIL</b>		
	<b>D</b>	<b>LOPES, SANDRA M</b>	<b>AV. BRIGAD. LUIS ANTONIO, 4.159</b>	<input type="checkbox"/>
		<b>SAO PAULO, S.P. BRAZIL</b>		
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-STATE-ZIP	9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY-STATE-ZIP	13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY-STATE-ZIP	17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY-STATE-ZIP	
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14. I do hereby certify that the information supplied with this filing is complete, accurate and correct in fully for the corporation status in Section 119.07(3)(k), Florida Statutes. I further certify that the information included in this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/96

CR2E034 (12/95)