

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000089826 (9)

1. Corporation Name

GREEN MOUNT, INC.

Principal Place of Business

284 NW 117TH AVE.
CORAL SPRINGS FL 33071

Mailing Address

284 NW 117TH AVE.
CORAL SPRINGS FL 33071

FILED
95 JUL 31 PM 12: 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/12/1994

3a. Date of Last Report

—

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

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City & State

23

Zip

Country

28

Zip

Country

24

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4. FEI Number

65-0571066

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

RESTREPO, CHARLES
100 SE 12TH ST.
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARKEN, INGRID
STREET ADDRESS	284 NW 117TH AVE.
CITY - ST - ZIP	CORAL SPRINGS FL 33021
TITLE	D
NAME	MARKEN, PIEDAD
STREET ADDRESS	284 NW 117TH AVE.
CITY - ST - ZIP	CORAL SPRINGS FL 33021
TITLE	D
NAME	MARKEN, FRANS
STREET ADDRESS	284 NW 117TH AVE.
CITY - ST - ZIP	CORAL SPRINGS FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12:

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that the information indicated on this annual report or supplemental annual report, that I am an officer or director of the corporation or the receiver or trustee appears in Block 12 or Block 13 if changed, or on an attachment with an address

and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE:

Frans Marken
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

REGION

06/22/95

DATE

(305) 340-1601

TELEPHONE NUMBER