SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

2194 S.W. 25TH TERRACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

NAME

STREET ADDRESS

CITY-ST-ZIP

Zip

MIAMI FL 33133



MIAMI LAWN & LANDSCAPING SERVICE, INC.

Country

9. Name and Address of Current Registered Agent

25

CARP, GERARDO 2194 S.W. 25TH TERRACE

MIAMI FL 33133

ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State 1997 **DIVISION OF CORPORATIONS** DOCUMENT # P94000090989 (2)

Mailing Address

MIAMI FL 33133

2a. Mailing Address

City & State

Ζφ

27

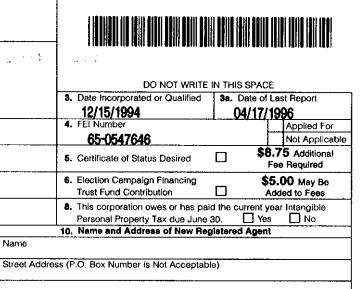
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29

Suite, Apt. #, etc.

2194 6.W. 25TH TERRACE

FILED Jul 25 1997 8:00am Secretary of State



Zip Code

85

SIGNATURE Signature, typod or printed name of registered agent and title if applicable gistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.5 TITLE ☐ Change ☐ Addition CARP, GERARDO NAME 1.2 NAME 2194 S.W. 25TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33133** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition MARI. ANDRES NAME 2.2 NAME 8604 S.W. 156TH PL. STREET ADDRESS 2.3 STREET ADDRESS MIAM! FL 33193 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE ___ Addition 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change Addition 5 1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE Addition

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do 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 I changed, or on an attachment with an address.

Country

81 Name

82

83 84 City

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.

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