## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90131 014 \*\*\*150.00

## DOCUMENT # P9400090989

1. Corporation Name

MIAMILLAWN & LANDSCAPING SERVICE INC

IAUVAAI FY	ATTI & LANDOON ING OLI		يا والمستخبات		1 (89)(89) (10 (8))( 8)(1 (8))( 84)(1 (8))( 8)	)	
Principal Place	e of Business	Mailing Address			( (BRISER ) IN INITI DISIL AND PARTY AND A		10110 1011 1001
2194 S.W. 25TH	H TERRACE	P. O. BOX 161414					
MIAMI FL 33133		MIAMI FL 33116			DO NOT WRITE IN TH	HIS SPACE	
1		US			3. Date Incorporated or Qualifed	113 31 702	
		•			12/15/1994	•	
3 Principal B	Place of Business	2a. Mailing Address			4. FEI Number	Ant	plied For
<del></del>	ace of business	26			65-0547646		t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			_	\$8.75 A	
22	, 5.65.	27			5. Certifcate of Status Desired	Fee Re	II
	to specify the same.	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28	,		Trust Fund Contribution	Added to	
Zip	Country Zip			ntry	8. This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.	□Yes	No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Register	ed Agent	
				81 Name			ļ
1	P, GERARDO			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	S.W. 25TH TERRACE				,	<u> </u>	
MAN	MI FL 33133 <sub>.</sub>			83			
				84 City-		85 Zip C	
						-L	
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statu	tes, the a	bove-named con	poration submits this statement for the purpose	of changing its	registered
office or r	registered agent or both, in the State im familiar with, and accept the obliga	of Florida. Such change was tions of, Section 607.0505, Fl	orida Stati	i by the corporati utes.	ion's board of directors. I hereby accept the ap	pominent as reg	Jistorea
SIGNATURE							{
SIGNATURE	Signature, typed or printed name of registered ager			Agent signature require			
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	∤ PD	☐ DELETE	\$.1 TT			Change	Addition
NAME .	CARP, GERARDO		1.2 N				
STREET ADDRESS	, - ·		1.3 ST	REET ADDRESS		,	
CITY-ST-ZIP	MIAMI FL 33133			TY-ST-ZIP		Channe	Addition
TITLE	VD .	☐ DELETE	2.1 TT			☐ Change	Addition
NAME	MARI, ANDRES		2.2 N	ME	•	. :	ĺ
STREET ADDRESS	*		2.3 \$1	REET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33193						
TITLE	,			TY-ST-ZIP	·		
NAME		☐ DELETE	3.1 TI	rie .		Change	Addition
1		☐ DELETE		rie .	· ·	Change	Addition
STREET ADDRESS		☐ DELETE	3.1 TT 3.2 N/	rie .	· · ·	☐ Change	Addition     Addition
CITY-ST-ZIP			3.1 TT 3.2 N/ 3.3 ST 3.4. C	TLE  AME  TREET ADDRESS  ITY-ST-ZIP		<u> </u>	
		☐ DELETE	3.1 TT 3.2 N/ 3.3 ST 3.4. C 4.1 TT	TLE AME TREET ADDRESS ITY-ST-ZIP TLE		☐ Change	Addition
CITY-ST-ZIP			3.1 TT 3.2 No 3.3 ST 3.4, C 4.1 TT 4.2 N	TLE  AME  TREET ADDRESS  ITY-ST-ZIP  TLE  AME		<u> </u>	
CITY-ST-ZIP			3.1 TT 3.2 N/ 3.3 ST 3.4. C 4.1 TT 4. 2 N 4.3 ST	TLE  MME  TREET ADDRESS  ITY-ST-ZIP  TLE  AME  TREET ADDRESS		<u> </u>	
CITY-ST-ZIP TITLE NAME		DELETE	3.1 TT 3.2 NJ 3.3 ST 3.4. C 4.1 TT 4. 2 N 4.3 ST 4.4 CI	TLE  MME  TREET ADDRESS  ITY-ST-ZIP  TLE  AME  TREET ADDRESS  TY-ST-ZIP		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.1 TT 3.2 N/ 3.3 ST 3.4. C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT	TLE  MME  TREET ADDRESS  ITY-ST-ZIP  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE		<u> </u>	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	3.1 TT 3.2 N/ 3.3 ST 3.4, C 4.1 TT 4. 2 N 4.3 ST 4.4 CI 5.1 TT 5.2 N/	TLE  MME  TREET ADDRESS  ITY-ST-ZIP  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE  AME		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	3.1 TT 3.2 NA 3.3 ST 3.4 C 4.1 TT 4. 2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NA 5.3 ST	TLE  MME  TREET ADDRESS  ITY-ST-ZIP  TLE  AME  TREET ADORESS  TY-ST-ZIP  TLE  AME  TREET ADORESS	المواجعة والمستعدد والمستعد والمستعدد والمستعد والمستعدد والمستعد	☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	3.1 TT 32 NV 3.3 ST 3.4 . C 4.1 TT 4.2 NV 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.3 ST 5.4 CI 5.5 CV 5.5 ST 5.4 CI 5.5 CV 5.	TLE  MME  TREET ADDRESS  ITY-ST-ZIP  TLE  AME  TREET ADORESS  TY-ST-ZIP  TLE  AME  TREET ADORESS  TY-ST-ZIP  TREET ADORESS  TY-ST-ZIP  TREET ADORESS	The second secon	Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	3.1 TT 3.2 NV 3.3 ST 3.4 CC 4.1 TT 4.2 N 4.3 ST 4.4 CC 5.1 TT 5.2 NV 5.3 ST 5.4 CC 6.1 TT 5.1 TT 5.2 NV 5.3 ST 5.4 CC 6.1 TT 5.1 TT 5.2 NV 5.3 ST 5.4 CC 6.1 TT 5.3 TT 5.3 TT 5.4 CC 6.1 TT 5.3 TT 5.4 CC 6.1 TT 5.3 TT 5.4 CC 6.1 TT 5.3 TT 5.3 TT 5.3 TT 5.4 CC 6.1 TT 5.3 TT 5.3 TT 5.4 CC 6.1 TT 5.3	TLE  AME  TREET ADDRESS  ITY-ST-ZIP  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TREET ADDRESS		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.4 CI 6.1 TT 6.2 NV	TLE  AME  TREET ADDRESS  TTY-ST-ZIP  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE  TREET ADDRESS  TY-ST-ZIP  TLE  AME		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.4 CI 6.1 TT 6.2 NV	TLE  AME  TREET ADDRESS  ITY-ST-ZIP  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TREET ADDRESS		Change	Addition

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

(305) 285-0499