

FIL - NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000003838 (6)

1. Corporation Name
GREENLAND IMPORTS, INC.



Principal Place of Business: P O BOX 530441 MIAMI FL 33153
Mailing Address: P O BOX 530441 MIAMI FL 33153

3. Date Incorporated or Qualified: **01/13/1995** 3a. Date of Last Report

4. FEI Number: **62-0537487** 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. 190.032 Florida Statutes: Yes No

2. Principal Place of Business: 21 **9723 NE Haver.** 2a. Mailing Address: 26 **P.O. Box 530441**

22. Suite, Apt. #, etc. 27. **Miami, Fla.**

23. City & State: **Miami Shores, Fla.** 28. City & State

24. Zip: **33138** 25. County: **U.S.A.** 29. Zip: **33153** 30. Country: **U.S.A.**

9. Name and Address of Current Registered Agent

TRIANA, JULIO
300 BAYVIEW DRIVE #504
MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City 85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0102 and 607.1506, 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 _____ Date: _____

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	JULIO TRIANA	
STREET ADDRESS	300 BAYVIEW DR. #504	
CITY-ST-ZIP	Miami Beach, FL 33160	
TITLE	Vice-President	<input type="checkbox"/> DELETE
NAME	OLIMPIA BLUMENTHAL	
STREET ADDRESS	1279 NE 98ST	
CITY-ST-ZIP	Miami Shores, Fla 33138	
TITLE	Secretary-Treasurer	<input type="checkbox"/> DELETE
NAME	MARIA E. HARTMANN	
STREET ADDRESS	1179 NE 99ST	
CITY-ST-ZIP	Miami Shores, Fla 33138	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I does not qualify for the exemption stated in Section 119.07(3)(a), 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 its receiver or trustee or 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: *Julio Triana* *Maria E. Hartmann* *3/27/96* *7076464*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)