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

PROFIT CORPORATION ANNUAL REPORT

1**9**98

STREET ADDRESS

14. I hereby certify that the informal indicated on this annual report officer or director of the corporations.

Block 12 or Block 13 if chan

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CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Jul 09 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500008407 (5)

GREEN MEADOW CONSTRUCTION, INC. Principal Place of Business Mailing Address 2182 NE 186 TERRACE PO BOX 630220 MONTH MAMI BOH 1, 33178 630330 US- P. D. BOX 63033163 MIAMI, FL 33163 MIAMI FL 33163 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 21 26 65-0552664 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 VERZURA, CLAUDIO 290 174 ST #1203 Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI FL 33179 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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) CR2E034 (10/97 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE resident Change TITLE 1.1 TITLE 2182 N.E. 186 SARA VEPRO PA 12 NAME NAME Nerrace 2182 N.E. 186 TERRACE STREET ADDRESS 1.3 STREET ADDRESS **no**rth Miami Beach Fl 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHTY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE Addition TITLE 6.1 TITLE 200002587002 -07/13/98--01107--0989 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

***150.00

4 lander

Illing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

hal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in