

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000015782 (2)

1. Corporation Name

GREEN ROCK CORP.



Principal Place of Business

Mailing Address

1150 NORTHWEST 72ND AVENUE  
SUITE 475  
MIAMI FL 33126

1150 NORTHWEST 72ND AVENUE  
SUITE 475  
MIAMI FL 33126

3. Date Incorporated or Qualified

02/24/1995

3a. Date of Last Report

☒ Applied For  
☐ Not Applicable

4. FEI Number

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

MORALES, HUGO G  
1150 NORTHWEST 72ND AVENUE  
SUITE 475  
MIAMI FL 33126

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

DE MOLEIRO, JULIA O

STREET ADDRESS

1150 NORTHWEST 72ND AVENUE STE 475

CITY - ST - ZIP

MIAMI FL 33126

TITLE

VD

☐ DELETE

NAME

DE MOLEIRO, RODOLFO O

STREET ADDRESS

1150 NORTHWEST 72ND AVENUE STE 475

CITY - ST - ZIP

MIAMI FL 33126

TITLE

TD

☐ DELETE

NAME

MOLEIRO, FRANCISCO

STREET ADDRESS

1150 NORTHWEST 72ND AVENUE STE 475

CITY - ST - ZIP

MIAMI FL 33126

TITLE

SD

☐ DELETE

NAME

DE SERIZIER, YULA M

STREET ADDRESS

1150 NORTHWEST 72ND AVENUE STE 475

CITY - ST - ZIP

MIAMI FL 33126

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

7/29/96

592-1242

Display Phone

CR2E034 (3/96)