

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  
1997



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

FILED  
Sep 04 1997 8:00am  
Secretary of State

DOCUMENT # P95000015782 (2)

1. Corporation Name

GREEN ROCK CORP.



Principal Place of Business

Mailing Address

1150 NORTHWEST 72ND AVENUE  
SUITE 405 777  
MIAMI FL 33126

1150 NORTHWEST 72ND AVENUE  
SUITE 405 777  
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

02/24/1995

08/08/1996

4. FEI Number

Applied For

Not Applicable

APPLIED FOR

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORALES, HUGO G  
1150 NORTHWEST 72ND AVENUE  
SUITE 405 777  
MIAMI FL 33126

81 Name

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

83 SUITE # 777

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 405 777  
CITY-ST-ZIP MIAMI FL 33126

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

STE 777 (only)

TITLE VD ☐ DELETE  
NAME DE MOLEIRO, RODOLFO O  
STREET ADDRESS 1150 NORTHWEST 72ND AVENUE STE 405 777  
CITY-ST-ZIP MIAMI FL 33126

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

777

TITLE TD ☐ DELETE  
NAME MOLEIRO, FRANCISCO  
STREET ADDRESS 1150 NORTHWEST 72ND AVENUE STE 405 777  
CITY-ST-ZIP MIAMI FL 33126

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

777

TITLE SD ☐ DELETE  
NAME DE SERIZIER, YULA M  
STREET ADDRESS 1150 NORTHWEST 72ND AVENUE STE 405 777  
CITY-ST-ZIP MIAMI FL 33126

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

777

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

HUGO G. MORALES

CR2E034 (4/97)