

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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT #

1. Corporation Name

95000016156
GOOD GREEN FUN, INC.

Principal Place of Business

2912 Ponce de Leon Blvd.
CORAL Gables, FL
33134

Mailing Address

P.O. Box 430786
MIAMI, FL 33243

2. Principal Place of Business

21 2912 Ponce de Leon Blvd

Suite, Apt. #, etc.

22

City & State

23 CORAL Gables, FL

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 PO BOX 430786

Suite, Apt. #, etc.

27

City & State

28 South Miami, FL

Zip

29 33243

Country

30 USA

3. Date Incorporated or Qualified

02/27/95

3a. Date of Last Report

6-26-96

4. FEI Number

65-0561370

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. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

MANUEL C. LORENZO
8315 SW 63 PL
MIAMI, FL 33143

10. Name and Address of New Registered Agent

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
officer 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

Manuel C. Lorenzo, VICE PRESIDENT

05-06-97

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE

NAME MANUEL C. LORENZO
STREET ADDRESS 8315 SW 63 PL
CITY, ST, ZIP MIAMI, FL 33143

TITLE TREASURER ☐ DELETE

NAME PEGGY E. LORENZO
STREET ADDRESS 8315 SW 63 PL
CITY, ST, ZIP MIAMI, FL 33143

TITLE VICE PRESIDENT ☐ DELETE

NAME ROBERTO PORTUGAL
STREET ADDRESS 8721 SW 137 AVE
CITY, ST, ZIP MIAMI, FL 33183

TITLE SECRETARY ☐ DELETE

NAME ELIANA PORTUGAL
STREET ADDRESS 8721 SW 137 AVE
CITY, ST, ZIP MIAMI, FL 33183

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition

1.2 NAME MANUEL C. LORENZO
1.3 STREET ADDRESS 8315 SW 63 PL
1.4 CITY-ST-ZIP MIAMI, FL 33143

2.1 TITLE SECRETARY ☒ Change ☐ Addition

2.2 NAME PEGGY E. LORENZO
2.3 STREET ADDRESS 8315 SW 63 PL
2.4 CITY-ST-ZIP MIAMI, FL 33143

3.1 TITLE PRESIDENT ☒ Change ☐ Addition

3.2 NAME ROBERTO PORTUGAL
3.3 STREET ADDRESS 8721 SW 137 AVE
3.4 CITY-ST-ZIP MIAMI, FL 33183

4.1 TITLE TREASURER ☒ Change ☐ Addition

4.2 NAME ELIANA PORTUGAL
4.3 STREET ADDRESS 8721 SW 137 AVE
4.4 CITY-ST-ZIP MIAMI, FL 33183

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

Manuel C. Lorenzo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-06-97 305-774-9193

Date

Daytime Phone #

CR2E034 (9/96)