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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P95000016156

1. Corporation Name
GOOD GREEN FUN, INC.

Principal Place of Business	Mailing Address
8721 SW 137 AVE. Miami FL 33183	SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02-27-95

2. Principal Place of Business	2a. Mailing Address
21 8721 SW 137 AVE.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, FL 33183	28 City & State
24 Zip: 33183 25 Country: USA	29 Zip 30 Country

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MANUEL Q. LORENZO 8315 SW 63 PL Miami, FL 33143	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: Manuel Q. Lorenzo, Vice President DATE: 03-25-98
(Signature, type or printed name of officer and title or status) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MANUEL Q. LORENZO 8315 SW 63 PL Miami, FL 33143 ☐ DELETE	11 TITLE V 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	VICE PRESIDENT / TREASURER MANUEL Q. LORENZO 8315 SW 63 PL Miami, FL 33143 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER Peggy E. LORENZO 8315 SW 63 PL. Miami, FL 33143 ☐ DELETE	21 TITLE S 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	SECRETARY ELIANA PORTUGAL 8721 SW 137 AVE Miami, FL 33143 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT Roberto Portugal 8721 SW 137 AVE Miami, FL 33183 ☐ DELETE	31 TITLE P 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	PRESIDENT ROBERTO PORTUGAL 8721 SW 137 AVE Miami, FL 33183 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY ELIANA PORTUGAL 8721 SW 137 AVE Miami, FL 33183 ☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	100002476131 -04/02/98--01006--001 ***158.75 ☐ Change ☐ Addition

CR2E034 (10/97)

14. I 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 Q. Lorenzo, Vice President 3/25/98 305-665-7903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #