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ANNUAL REPORT		Secretary of State DIVISION OF CORPORATIONS			hii (H)
1999 DOCUMENT # <i>P\$</i>	(011020210	DIVISION OF BOILD		 9	99 AUG 31 PH 2:3
ISRAEL GARDEN A	ANDSCAPING 1	E/ANN SERV	1 C E	,	SECRETARY OF STATE ALLAMASSEE, FLORID
	- HX	10000124	#8		"TAM" ASSEE, FLORID
Principal Place of Business 20521 SW 54 PINC	Mailing A		place		
PEMBROKE PINES OF	34432 PE	521 SW 54 MBROKE PN	es 619939	2 REINSTATEME	NT ACE 07-40
	Lister of the parameter			1. Date incorporated or Qualified 03-/3-95	
2. Principal Place of Business	2a, Mailin			4. FEI Number	Applied For
			54 PIA	12 65-0564186	Not Applicable
Suite, Apt. #, etc.	Sulte,	Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 PERBEOKE PINES	F/. 28 FE		es Fl	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 33332 25 US	Zio S.P. 29 33:	332 30	USA	This corporation owes the current year Personal Property Tax.	ar Intangible □ Yes 🏳 No
9. Name and Addre	ss of Current Registered A	gent		10. Name and Address of New Registe	
			Name A	111DA RAMACHO	
		,	82 Street Ac	dress (P.O. Box Number is Not Acceptable)	
83 REABI		BROKE PINES			
			84 City		FL 85 20 Code 32
11. Pursuant to the provisions of Sect office or registered agent. or both, agent. I am lamillar with and acceptable.	ions 607-9502 and 607.1508 in the State of Florida. Such apt the poligations of, Section	i, Florida Statutes, the a change was authorized 607.0505, Florida Stati	bove-named co t by the corpora utes.	rporation submits this statement for the purposition's board of directors. I hereby accept the a	a of changing its registered ppointment as registered
SIGNATURE SIGNATURE	7 Oho				8/20/99
	of registered agent and title if applicable FFICERS AND DIRECTORS		Agent signature requ	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
	ANACHO-PROSID		TLE	ADDITIONS OF FIGURE	Change Addition
NAME DOWN TO THE PARTY OF THE P	54 PLACE	12 N	WE		
STREET ADDRESS 20521 5 W	29 / //		REET ADDRESS		
CITY-ST-ZIP SEMBRUK	E PINES F13		TY-ST-ZIP		
TITLE VICE PRESI	DEUT	DELETE 2.1 TO	TLE	4000029	Change DAddition

FLORIDA DEPARTMENT OF STATE

Katherine Harris

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

PROFIT

CORPORATION

ANNUAL REPORT

12. TITLE STREET CITY-S TITLE HILDA CHUNACHO
HILDA CHUNACHO
BOSOL S W 54 PLACE
DELETE NAME 2.2 NAME -03/02/99--01078--012 23 STREET ADDRESS STREET ADDRESS ***1058.75 ***1058.75 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$1 3.4. CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE Change Addition 4.2 NAME STREAT ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition 62 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I hereby certify that the Information supplied with this filling 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 of the receiver or supplemental annual report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or or an address, with all other like empowered.

BIGHATURE AND TYPED OF PRINTED HAVE OF SKONING OFFICER OR DIRECTOR

SIGNATURE: _

11.