PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000021097

1. Corporation Name GREEN GROWERS, INC.

Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90012 018 ***150.00



·		•							
Principal Place	e of Business	Mailing Address	-			T TARVIARI 140 (030) OTIES NOTE OF	AN BERT EETO		(84)1 1881 (88)
9672 S.W. 148T		9672 S.W. 148TH AVENUE					•		
MIAMI FL		MIAMI FL			1				
	_				<u> </u>	DO NOT WRI	TE IN THIS	SPACE	
					3	Date Incorporated or Qualifed			
						03/15/1995			nlied For
2. Principal Pl	ace of Business	2a. Mailing Address			A	CE OFCO 110			plied For
21		Suite. Apt. #, etc.				65-0568119	·	\$8.75 A	
Suite, Apt.	#, etc.	¬ '' '			5	. Certifcate of Status Desired		Fee Re	
City 9 Ctat		City & State	City & State			Fleetier Compaign Financing		\$5.00	<u></u>
City & State	e	28	¬ '			Election Campaign Financing Trust Fund Contribution		Added t	
23 Zip	Country	Zip	Count	īv	-	. This corporation owes the cur	rent vear Int	tangible	
24	25	29 30	_	.,	ľ	Personal Property Tax.		X Yes	□No
24 (9. Name and Address of Current		"		10	Name and Address of New	Registered	Agent	
	4. Commonweal Commonweal Commonweal	<u> </u>	8	1 Name				-	
DELF	FINO, JORGE F		Ļ	n 5.	.i.a 1	D.O. Barrishania Nat A	abla\		
9672	S.W. 148TH AVENUE		la	Street A	vaaress (P.O. Box Number is Not Accept	able)		
MIAN	AI FL		8	13					
			<u>_</u>						
			8	4 City			FL	85 Zip 0	Code
agent. I a SIGNATURE	to the provisions of Sections 607-326 and gent, or both, in the State of m familiar with, and accept the obligations of the state of th	ions of, Section 607.0505, Florid	a Statute	es. gent signature req			DATE		<u>_</u>
12.	OFFICERS AN		13.		· -	ADDITIONS/CHANGES TO OF	FICERS AN	ND DIRECTO	RS IN 12
TILE	PD	DELETE	1.1 TITLE	E - '` -		and seems of the second	:	☐ Change	☐ Addition
NAME	DELFINO, JORGE F		1.2 NAM	E					
STREET ADDRESS	9672 S.W. 148TH AVENUE		1.3 STR	EET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33196		1.4 CITY	-ST-ZIP					
TITLE	STD	☐ DELETE	2.1 TITUE	E				Change	☐ Addition
NAME	DELFINO, MONICA		2.2 NAM	E					
STREET ADDRESS	9672 S.W. 148TH AVENUE		2.3 STRI	EET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33196		2.4 CITY	r-ST-ZIP					
TITLE	VD	☐ DELETE	3.1 TITL	E			·	Change	☐ Addition
NAME	AMORETTI, RICARDO		3.2 NAM	E					
STREET ADDRESS	9672 S.W. 148TH AVENUE		3.3 STR	EET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33196		3.4. CITY	r-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE	E				Change	☐ Addition
NAME			4. 2 NAM	ME '					
STREET ADDRESS	·		4.3 STRI	EET ADDRESS					
CITY-ST-ZIP			4.4 CITY	-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE	E T	,			☐ Change	Addition
NAME			5.2 NAM	E		•			
STREET ADDRESS			5.3 STR	EET ADDRESS					
CITY-ST-ZIP	•		5.4 CITY	-ST-ZIP		·			
TITLE		DELETE	6.1 TITLE	E		2, -	4-5-2-	☐ Change	☐ Addition
NAME			6.2 NAM	E					
STREET ADDRESS			6.3 STR	EET ADDRESS					
CITY-ST-ZIP			6.4 CITY	-ST-ZIP					

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 supplementar aquial 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 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, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

&EQUIRED INTED NAME OF SIGNING OFFICER OR DIRECTOR

.03/15/99 * (in (305) Date: