Applied For

Fee Required \$5.00 May Be

Not Applicable
\$8.75 Additional

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000026329

1. Corporation Name

LUIS E. MONTANER LANDSCAPING INC.

Principal Place of Business	Mailing Address						
6765 S.W. 51ST STREET MIAMI FL 33155	6765 S.W. 51ST STREET MIAMI FL 33155						
2. Principal Place of Business	2a. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.						
City & State	City & State	_					

FILED

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90060 037 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 03/27/1995

5. Certifcate of Status Desired

6. Election Campaign Financing

4. FEI Number 65-056666

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Country	Zip	_	Coun	try		8. This	corporation	owes the	e curren	t year Int			
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Standard a printed name of registered exect	and title if applicable	(NOTE:	Registered A	gent signature	required w	hen reinstatin	10)			DATE			
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Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent algositure required with a property of the corporation of FICERS AND DIRECTORS 13. STREET ADDRESS MONTANER, LUIS E 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP WO	Solution Section Secti	Country Zip Country B. This corporation Personal Proper 9. Name and Address of Current Registered Agent 10. Name and Add DNTANER, LUIS E 65 S.W. 51ST STREET AMI FL 33155 Int to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this stat registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Viction	Country Zip Country	Country Zip Country 3	Country Zip Country 29 30 Street Agent 10. Name and Address of Current Registered Agent 10. Name and Address of New Registered J. 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. 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 informatic indicated on this annual report or supplemental annual report is true 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 empty were 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 adjaces, with all other like empowered.

SIGNATURE

GNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date