

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000096155 (3)

1. Corporation Name

PALM LAWN CARE, INC.

Principal Place of Business

11123 S.W. 167TH STREET
MIAMI FL 33157

Mailing Address

11123 S.W. 167TH STREET
MIAMI FL 33157

2. Principal Place of Business

2a. Mailing Address

21

Subs. Apt. #, etc.

26

Subs. Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

MOLINA, JOSE
11123 S.W. 167TH STREET
MIAMI FL 33157

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 607.04(2)(a) and 607.04(3), Florida Statutes, the above named corporation is filing 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 this appointment as the registered agent. I am familiar with, and accept the duties of, Section 607.04(2)(a), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
PVD	MOLINA, JOSE	11123 S.W. 167TH STREET	MIAMI FL 33157	☐
STD	MOLINA, BELINDA	11123 S.W. 167TH STREET	MIAMI FL 33157	☒
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	Change	Addition
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
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14. I do hereby certify that the information supplied with this filing is correct and true and does not qualify for the exemption contained in Sections 19.04(3)(a), 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, for or on an attachment with an address.

SIGNATURE: *Jose Molina*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96 305-233-9058

CR2E034 (12/95)