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 # P96000078356

1. Corporation Name

GREEN CROWN, INC.

Principal Place of Business	Mailing Address
9650 SW 62ND CT 2601 SOUTH BAYSHORE DRIVE 19TH FLOOR MIAMI FL 33156 US	9650 SW 62ND CT 2601 SOUTH BAYSHORE DRIVE 19TH FLOOR MIAMI FL 33156 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
09/18/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 9650 SW 62 CT.	26 9650 SW 62 CT	65-0719983	Not Applicable

Suite, Apt. #, etc.	Suite, Apt. #, etc.	
22	27	5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required

City & State	City & State	
23 Miami FLA	28 Miami FLA.	6. Election Campaign Financing ☐ Trust Fund Contribution — **$5.00** May Be Added to Fees

Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No
24 33156	25 USA	29 33156	30 USA	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COBER CORPORATE AGENTS, INC. 2601 SOUTH BAYSHORE DRIVE 19TH FLOOR MIAMI FL 33133	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D** NAME **ROET, RAN** STREET ADDRESS **9650 SW 62ND CT** CITY-ST-ZIP **MIAMI FL**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **S** NAME **ROSEN, RONALD** STREET ADDRESS **9650 SW 62ND CT** CITY-ST-ZIP **MIAMI FL**	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **P** NAME **IRENI, GILA** STREET ADDRESS **4306 156TH AVE LL138** CITY-ST-ZIP **REDMOND WA**	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: _~SIGNATURE REQUIRED~_ 4/29/99 305-667-2895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #