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PROFIT
CORPORATION
ANNUAL REPORT

~~1999~~ 2000



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

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90051 037 ***150.00

DOCUMENT # P96000090453 (7)

1. Corporation Name

BUENA VISTA LANDSCAPING, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

P.O. Box 40-3549

2a. Mailing Address

P.O. Box 40-3549

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

Country

33140-1549 US

Zip

Country

33140-1549 US

3. Name and Address of Current Registered Agent

TAIEB, CYRILLE

10. Name and Address of New Registered Agent

81 Name

Taieb Cyrille

82 Street Address (P.O. Box Number is Not Acceptable)

3701 PINE TREE DRIVE

83

84 City

MIAMI BEACH

FL

85 Zip Code

33140

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, Name, Title, Registered Agent and Title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/00

12. OFFICERS AND DIRECTORS

1. President ☐ DELETE

Taieb Cyrille

3701 PINE TREE DRIVE

Miami Beach FL 33140

2. STREET ADDRESS

3. CITY - ST - ZIP

4. CITY - ST - ZIP

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32. CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00

CR2E034 (9/96)