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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9700002886 1. Corpora ion Name

TREES COMPANY

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90134 011 ***150.00



Principal Place	e of Business	Maning Address							
100 SE SECOND ST 17TH FLOOR MIAMI FL 33131		100 SE SECOND ST 17TH FLOOR MIAMI FL 33131							
					DO NOT WRITE IN THIS SPACE				
					3. Date Ir	corporated or Qualifed			
					01/09	/1997			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Nu			A	pp ied For
21	ace of Business	26			1 .	70003			lot Applicable
		Suite, Apt. #, etc.	, Apt. #, etc.						Additional
	r, 600.	27			5. Certifca	ite of Status Desired			lequired
City & S ate	2	City & State		,	& Election	Campaign Financing		\$5.00	May Be
23	•	28				and Contribution			to Fees
Zip	Country	Zip	Country			rporation owes the curre	nt vear latar	nnible	
— ·	25	<u> </u>	30		1	al Property Tax.] Yes	[]No
24	9. Name and Address of Current	· 	301			and Address of New Re	eaistered A	gent	
	3. (Mairie and Address of Current	registered Agent	81	Name				-	
ESIE	DHOFF, JOHN H				ITERCUL.				
100 SE SECOND ST 17TH FLOOR				Street	Address (P.O. Box	Number is Not Acceptal	oie)		
MIAMI FL 33131					50 2 M	HIMI HAE			
MEAN	NI FL 33131		83						
			84	City	1 A . O . A .			85 Zip	Code
\bigcirc					MIAMI		<u> </u>		
11. Pursuant t	to the provisions of Sections 607.0302 egistered agent, or both, in the State of	and 607.1508, Florida Statu e	s, the abov	e-named	corporation submit	s this statement for the proceed in the proceed in the proceed in the state of the proceed in the process of th	ourpose of cl the appoint	nanging it ment as r	s registered eaistered
oπice or re agent. I ar	egistered agent, or both, in the State on m familiar with, and accept the obligati	ions of, Section 607.0505, Flori	ida Statute:	ine corpo	Dietion's board of c	nectors. Therapy decept	la de la	^	
SIGNATURE	Daniel J.					4/	26/9	7	į
SIGNATURE	Signature, typed or printed haine of registered agent	and title if applicable. (NOTI.	Registered Age	nt signature r	equired when reinstating)		DATE		
12.	OFFICERS ANI		13.			NS/CHANGES TO OFF			
TITLE	DPVS	☐ DELETE	1.1 TITLE		A5	x 14		Change Change	Addition
NAME	MAIA DE OLIVERIA LIM, ANA CARDOSO				PIMENT				
STREET ADDRESS 100 SE SECOND ST 17TH FLOOR			13 STREE	TADDRESS		IAMI AVE			
CITY-ST-ZIP	MIAMI FL 33131		14 CITY-5	T-ZIP	MAIM!	- FL - 33131	<u> </u>		
TITLE	T	☐ DELETE	2.1 TITLE					Change	Addition
NAME	MAIA DE OLIVERIA LIM, ANA CARDOSO								
STREET ADDRESS 100 SE SECOND ST 17TH FLOOR			2.3 STREE	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33131		2. 4 CITY-	ST-ZIP					
TITLE	AS	DELETE	3.1 TITLE					Change	Addition
NAME	FREIDHOFF, JOHN H	•	3 2 NAME	,	1				
STREET ADDRE 3S	100 SE SECOND ST 17TH FLOOR		33 STREE	TADDRESS					
CITY-ST-ZIP	MIAMI FL 33131		3 4. CITY-						
TITLE	min din 1 E 30 to 1	☐ DELETE	4 1 TITLE					Change	Addition
NAME			4, 2 NAME						
STREET ADDRESS				TADDRESS					
			4.4 CITY-5						
CITY-ST-ZIP	, 	□ DELETE	5.1 TITLE	si-Ar				Change	Addition
	•		5.1 TITLE 5.2 NAME						<u> </u>
NAME				T ADDRESS					
STREET ADDRESS			5.3 STREE	INDURESS	I				

14. Thereby certify that the information subplied with this filing goes 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 subplemental 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 corpdration of the receiver of truefee 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 in an attachment with an address, with a lother like empowered.

5 4 CITY-ST-ZIP

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

D NAME OF SIGNING OFFICE! OR DIRECTOR

Change

Addition