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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000012245 (1)

GREEN SHIELD TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

FILED Apr 20 1998 8:00am Secretary of State



2. Principal Place of Business			16 NORTH WEST 64TH STREET 7796 NORTH WEST 64TH STREET MIAM! FL 33166 MIAM! FL 33166			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
				02/06/1997				
	2a. Mailing Address			4. FEI Number	A	pplied For		
3000 NW 109 TH AVE				65-0734312	N	ot Applicable		
Suite, Apt. #, etc.	#, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State 23 MiQMi FL	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country 24 33172 25 USA	Zip 29	Count	ry	This corporation owes or has paid the e Personal Property Tax due June 30.	Yes [ntangible No		
9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent			
WLMC REGISTERED AGENTS, INC.		6	1 Name					
701 BRICKELL AVENUE SUITE 2000			82 Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33131		6	3					
		8	4 City	F	85 Zip	Code		
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	of Florida. Such change was	authorized	by the corpor	progration submits this statement for the number	of changing	its registered s registered		
SIGNATURE Signature, typed or printed name of registered agen	A and title it englished (A)O	TF: Bonistered A	Anent signature rec	quired when reinstating) DATE				
12. OFFICERS AND		13.	agont eignatoro rot	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12		
TITLE PSTD	DELETE	1.1 TITU			Change	Addition		
NAME ORDONEZ, OSCAR		1,2 NAW	E					
			ET ADDRESS					
			- ST- ZIP					
TITLE	DELETE	2.1 TITL			☐ Change	☐ Addition		
NAME		2.2 NAM	ie	9°				
STREET ADDRESS		2.3 STR	EFT ADDRESS					
CITY-SI-ZIP			r-ST-ZIP					
TITLE	DELETÉ	3.1 TITL			Change	Addition		
NAME		3.2 NAM						
STREET ADDRESS			ET ADDRESS					
.			(-ST-ZIP					
CITY-ST-ZIP TITLE	DELETE	4 1 THE			Change	Addition		
NAME	<u> </u>	4. 2 NA						
STREET ADDRESS		1	EET ADDRESS					
į		1	'-ST-ZIP					
CITY-ST-ZIP TITLE	DELETE	5.1 TITL			Change	Addition		
NAME	·········	5.2 NAM	- 1					
			EET ADDRESS					
STREET ADDRESS		B B						
CITY-ST-ZIP	DELETE	5.4 GHY 6.1 TITL	'-ST-ZIP		☐ Change	☐ Addition		
TITLE	Ottell							
NAME		6.2 NAN	1					
STREET ADDRESS			EET ADDRESS					
CITY-ST-ZIP 14. I hereby certify that the information supplied with	the third ditions where and account		'-ST-ZIP	in Section 119.07(3)(i), Florida Statutes. I further	Cortifu that th	a information		

For trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corpo Block 12 or Block 13 if chang