

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

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000052780 (8)

1. Corporation Name
NEWCO LANDSCAPING, INC.



Principal Place of Business 100 NORTH BISCAYNE BLVD. #601 MIAMI FL 33132	Mailing Address 100 NORTH BISCAYNE BLVD. #601 MIAMI FL 33132
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5800 S.W. 77 Ave Suite, Apt. #, etc. 22 Suite 106 City & State 23 Miami, FL Zip 24 33193 Country 25 USA		2a. Mailing Address 26 5800 S.W. 177 Ave Suite 106 Suite, Apt. #, etc. 27 City & State 28 Miami, FL Zip 29 33193 Country 30		3. Date Incorporated or Qualified 06/06/1997	
		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MITCHELL, MICHAEL ESQ 100 NORTH BISCAYNE BLVD. #601 MIAMI FL 33132		10. Name and Address of New Registered Agent 81 Name Martin, Gregory A. 82 Street Address (P.O. Box Number is Not Acceptable) Gregory A. Martin & Assoc., P.A. 83 100 N. Biscayne Blvd., Ste #601 84 City Miami FL 85 Zip Code 33132	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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]* DATE **4/27/98**
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MITCHELL, MICHAEL		1.2 NAME JESUS R. GONZALEZ	
STREET ADDRESS 100 NORTH BISCAYNE BLVD. #601		1.3 STREET ADDRESS 100 N BISCAYNE BLVD. #601	
CITY-ST-ZIP MIAMI FL 33132		1.4 CITY-ST-ZIP MIAMI, FL 33132	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME JOSE I. NAVARRETE, JR.	
STREET ADDRESS		2.3 STREET ADDRESS 100 N. BISCAYNE BLVD., #601	
CITY-ST-ZIP		2.4 CITY-ST-ZIP MIAMI, FL 33132	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE S/	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME GREGORY A. MARTIN	
STREET ADDRESS		3.3 STREET ADDRESS 100 N. BISCAYNE, #601	
CITY-ST-ZIP		3.4 CITY-ST-ZIP MIAMI, FL 33132	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE C.O.O./D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME MILTON DEANS	
STREET ADDRESS		4.3 STREET ADDRESS 100 N. BISCAYNE BLVD, 601	
CITY-ST-ZIP		4.4 CITY-ST-ZIP MIAMI, FL 33132	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE 9000002545209	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME -06/03/98--01003--017	
STREET ADDRESS		6.3 STREET ADDRESS ***300.00	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

CR2E034 (10/97)