

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90278 025 ***150.00

**PROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000061786

Corporation Name
GREEN & BARR CORP.

Principal Place of Business
 353 WEST 47TH STREET
 MIAMI BEACH FL 33140

Mailing Address
 353 WEST 47TH STREET
 MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

Principal Place of Business
SAME
 Suite, Apt. #, etc.

2a. Mailing Address
SAME
 Suite, Apt. #, etc.

City & State

City & State

Zip Country
 25

Zip Country
 29 30

9. Name and Address of Current Registered Agent

BROWN, GARY L ESQ
20803 BISCAYNE BOULEVARD
SUITE 200
AVENTURA FL 33108

3. Date Incorporated or Qualified

07/10/1998

4. FEI Number

65-0858155

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
 Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

OFFICERS AND DIRECTORS

1. NAME	PSTD BARROUKH, YVES	<input type="checkbox"/> DELETE
2. STREET ADDRESS	353 WEST 47TH STREET	
3. CITY-STATE-ZIP	MIAMI BEACH FL 33140	
4. NAME		<input type="checkbox"/> DELETE
5. STREET ADDRESS		
6. CITY-STATE-ZIP		
7. NAME		<input type="checkbox"/> DELETE
8. STREET ADDRESS		
9. CITY-STATE-ZIP		
10. NAME		<input type="checkbox"/> DELETE
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. NAME		<input type="checkbox"/> DELETE
14. STREET ADDRESS		
15. CITY-STATE-ZIP		

13.

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-99

CR2E034 (1/98)