Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90096 034 \*\*\*150.00

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # V08401

1. Corporation Name

GREEN MACHINE JET SKI, INC

GILLIV I	WACHINE OLI ONI, 1140.				
Principal Place	of Business	Mailing Address			DIE BEBEL GLANT BIBIN BIBIN ERBI
•		•			
1620 W. 31ST PL 17305 NW 87TH AVENUE HIALEAH FL 33015 HIALEAH FL 33015					
US US			DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed	
	•			01/23/1992	_
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0302482	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5 Certificate of Status Desired	\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Into	
24	25	29 30		Personal Property Tax.	☐ Yes ☑ No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered	Agent
			81 Name		
	CIA, ARTURO A.		82 Street Address (P.O. Box Number is Not Acceptable)		
	5 NW 87TH AVE		02 0000710		
HIAL	EAH FL 33015		83		
			04 65		85 Zip Code
			84 City	<b>-</b>	00   Zip Code
44 0		22 and 607 1509 Florida Statutos (	the above named cor	reportion submits this statement for the purpose of	changing its registered
l office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was authorations of, Section 607.0505, Florida	the above-named cor orized by the corporal Statutes.	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoin	 changing its registered ntment as registered
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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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4/7/99 Date 305) 828-0917

☐ Change

Addition

R2F034 (11/98)