SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). MMENDEOPROFIT CORPORATION FILED SECRETARY OF STATE DIVISION OF CORPORATIONS ANNUAL REPORT 1999 DIVISION OF CORPORATIONS DOCUMENT # V66972 99 NOV - 1 PM 2: 49 Green Acres Farm, Inc. Principal Place of Business 14949 N W Mailing Address 117 41/0 NW 117 Ave MIAMI, FL 33018 MIGHI, FL 33018 DO NOT WRITE IN THIS SPACE 3. Date Incorporated on Qualified 9 24 92 2. Principal Place of Business
21 SAME AS
Suite, Apt #, etc. 4. FEI Number 2a. Mailing Address Applied For same as above 45.0370620 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year M No Yes Intangible Personal Property. 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GONZALEZ, ANDRES ANDREW gonzalez, W. 10 82 Street Add 83 HIALEAH. City MIAMI 84 85 2ip Code 33016 LAKES one 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered and the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered and the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered and the purpose of changing its registered and the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered and the purpose of change was authorized by the corporation of the purpose of change was authorized by the corporation of the purpose of change was a purpose of change Pursuant to the provision office or registered age agent. I am amilia with 0-28-59 SIGNATURE (NOTE: Registered Agent signature re ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIFECTORS 12. 13. TITLE GONZALEZ, ANDRES 6345 W 10 AVE HIALEAH, FL DELETE 1.1 TITLE Change Addition MONZALEZ, ANDREW J. JR CR2E034 NAME 1.2 NAME HIAMI LAKES, FL STREET ADDRESS 1.3 STREET ADDRESS 3301b City-St-Zie 1.4 CITY-ST-ZIP TITLE DELETE 21 TITLE Change Addition MONZALEZ, ANDREW NAME ., JR 2.2 NAME STREET ADDRESS 2.3 STREET, ADDRESS City-St-ZIP 2.4 CITY-ST-ZIP 500003043315--0 -11/12/99--01103--030 DELETE TITLE 3.1 TITLE Gonzalez, Gisela 6345 W 10 AVE HIALEAH, FL NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS *****70.00 *****70.00 CITY-ST-ZIP 3.4 City-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREE! ADDRESS 4.3 STREET ADDRESS CITY-\$1-ZIP 4.4 CITY-ST-ZIP TIFLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5.4 CITY-ST-ZIP TITLE DELETE 61TITLE Change Addition NAME 62 NAME AD STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I hereby certify that the information indicated on this annual report or an officer or director of the corp vain Block 12 or Block 13 in charged, ith this ling does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information at any tual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am receiver or trustee amy owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears 10-28-99 SIGNATURE