FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 PM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **489976** **(1)**

1. Corporation Name
NATURE'S CREATIONS PALM AND TREE NURSERY, INC.

Principal Place of Business	Mailing Address
24201 SW 192ND AVE. HOMESTEAD FL 33031 US	P. O. BOX 680 HOMESTEAD FL 33090

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/12/1975
3a. Date of Last Report: 01/28/1994

2. Principal Place of Business	2a. Mailing Address
21 11300 SW. 68ST	26 P.O. Box 699
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, Florida	28 City & State: Homestead, Florida
24 Zip: 33156 25 Country: Dade	29 Zip: 33090 30 Country

4. FEI Number: 59-1635366 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VALIENTE, VICTOR 16640 SW 234 STREET HOMESTEAD FL 33031	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. 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: Victor Valiente Victor Valiente Agent/manager 4/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☐ Change ☐ Addition
NAME	SANTALLA, ERNEST	1.2 NAME	Santalla, Ernest	
STREET ADDRESS	180 PALM AVENUE	1.3 STREET ADDRESS	11300 SW. 68ST	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	Miami FL 33156	
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	VALIENTE, VICTOR	2.2 NAME		
STREET ADDRESS	16640 SW 234 STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Ernest Santalla 4/13/95 305 246 4014
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

045975 FP