

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:07

DOCUMENT # 499778

(9)

1. Corporation Name

SUN AND SHADE PLANTS, INC.

Principal Place of Business

2009 S.W. 67 AVE.
MIAMI FL 33155

Mailing Address

2009 S.W. 67 AVE.
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/25/1976

3a. Date of Last Report

02/08/1994

4. FEI Number

59-1652537

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Build, Apt. #, etc.

Build, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CABRERA, MAURO J.
2009 S.W. 67 AVE.
MIAMI FL 33155

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

(Signature, typed or printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when including)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	ALFONSO, REYNALDO
STREET ADDRESS	2009 SW 67TH AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	CABRERA, CANDELARIA O.
STREET ADDRESS	335 NW 128TH AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	PD
NAME	CABRERA, MAURO J.
STREET ADDRESS	335 NW 128TH AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	T
NAME	EDUARTEZ, JOSE C.
STREET ADDRESS	1500 NE 13TH PLACE
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	NUNEZ, ANTONIO L.
STREET ADDRESS	6411-C SW 116 CT.
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	RODRIGUEZ, SOFIA
STREET ADDRESS	6824 SW 114TH PL. APT E
CITY - ST - ZIP	MIAMI FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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(2)(B), 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:

Mauro J. Cabrera
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

1/21/95

(305) 261-23 74