

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

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 640582 (3)
 1. Corporation Name
DIAZ LANDSCAPING & NURSERY, INC.



Principal Place of Business: **23705 SW 117TH AVE. MIAMI FL 33032**
 Mailing Address: **23705 SW 117TH AVE. MIAMI FL 33032-3011**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/24/1979	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1967009	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
DIAZ, NICHOLAS R.
23705 SW 117TH AVE.
MIAMI FL 33032

10. Name and Address of New Registered Agent
 B1 Name: **EMILIA DIAZ-FOX**
 B2 Street Address (P.O. Box Number is Not Acceptable): **150 WEST FLAGLER ST.**
 B3: **SUITE 1575 - MUSEUM TOWER**
 B4 City: **MIAMI** FL B5 Zip Code: **33130**

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: *Emilia Diaz Fox* DATE: **4-25-97**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DIAZ, MANUEL	
STREET ADDRESS	2501 S.W. 62ND AVE.	
CITY - ST - ZIP	MIAMI FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	DIAZ, EMILIA F.	
STREET ADDRESS	2501 S.W. 62ND AVE.	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DIAZ, MANUEL	
1.3 STREET ADDRESS	23705 S.W. 117TH AVENUE	
1.4 CITY - ST - ZIP	HOMESTEAD, FLORIDA 33032	
2.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DIAZ, EMILIA F.	
2.3 STREET ADDRESS	23705 S.W. 117TH AVENUE	
2.4 CITY - ST - ZIP	HOMESTEAD, FLORIDA 33032	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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, with an attachment.

SIGNATURE: *Manuel Diaz* (PRESIDENT) DATE: **1/13/97** (205) 258-5083

CR2E034 (9/96)