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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 21 PM 2:30

DOCUMENT # P94000043934 (6)

1. Corporation Name
PATRICIA'S NURSERY AND LANDSCAPING, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~6701 NW 169TH STREET~~ ~~STE. B305~~ ~~MIAMI FL 33015~~ CHANGE OF ADDRESS	~~6701 NW 169TH STREET~~ ~~STE. B305~~ ~~MIAMI FL 33015~~ CHANGE OF ADDRESS

3. Date Incorporated or Qualified: 06/08/1994
3a. Date of Last Report:

2. Principal Place of Business (NEW)	2a. Mailing Address (NEW)
21 5960 S.W 190TH. AVE	26 5960 S.W. 190TH. AVE.
Suite, Apt. #, etc. 22 #5	Suite, Apt. #, etc. 27 #5
City & State 23 FT. LAUDERDALE, FL.	City & State 28 FT. LAUDERDALE, FL
Zip / Country 24 33332 / 25 U.S.A	Zip / Country 29 33332 / 30 U.S.A

4. FEI Number: 65-0515697 ☐ 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

GOLDMAN, CHARLES J PA
601 SOUTH FEDERAL HIGHWAY
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name: PATRICIA PRADILLA
82 Street Address (P.O. Box Number is Not Acceptable): 1013 S.W 122 ND. AVENUE
83
84 City: PEMBROKE PINES FL 85 Zip Code: 33025

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: Patricia Pradilla - PATRICIA PRADILLA - VICE PRESIDENT MARCH 18/95
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	D	1.1 TITLE	D/V. ☐ Change ☒ Addition
NAME	PRADILLA, PATRICIA	1.2 NAME	PRADILLA, PATRICIA
STREET ADDRESS	~~6701 NW 169TH ST. B305~~	1.3 STREET ADDRESS	1013 S.W. 122 ND. AVENUE
CITY-ST-ZIP	~~MIAMI FL 33015~~	1.4 CITY-ST-ZIP	PEMBROKE PINES, FL. 33025
TITLE	D	2.1 TITLE	D/S. ☐ Change ☒ Addition
NAME	PRADILLA, CARLOS	2.2 NAME	PRADILLA, CARLOS
STREET ADDRESS	~~6701 NW 169TH ST B305~~	2.3 STREET ADDRESS	1013 S.W. 122 ND. AVENUE
CITY-ST-ZIP	~~MIAMI FL 33015~~	2.4 CITY-ST-ZIP	PEMBROKE PINES, FL. 33025
TITLE	D	3.1 TITLE	D/P. ☐ Change ☒ Addition
NAME	RAMIREZ, MARIA P	3.2 NAME	RAMIREZ, MARIA P
STREET ADDRESS	~~501 SW 15ATH TERRACE STE 204~~	3.3 STREET ADDRESS	501 S.W. 158 TH TERRACE STE 204
CITY-ST-ZIP	~~PEMBROKE PINES FL 33027~~	3.4 CITY-ST-ZIP	PEMBROKE PINES, FL. 33027
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: Patricia Pradilla - PATRICIA PRADILLA 3/18/95 (305)680-4355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068002 CP