

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000058321

1. Corporation Name
J & A NURSERY, INC.

Principal Place of Business Mailing Address
19480 SW 187 AVE 19480 SW 187 AVE
MIAMI FL 33187 MIAMI FL 33187

FILED
99 NOV -3 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 07/02/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 05-0765155	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		

YZAGUIRRE, ANDRES
19480 SW 187 AVE
MIAMI FL 33187

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 FL	B6 Zip Code
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1. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when removing. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DELETE	<input type="checkbox"/>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
YZAGUIRRE, ANDRES	<input type="checkbox"/>	1.2 NAME	
19480 SW 187 AVE		1.3 STREET ADDRESS	
MIAMI FL 33187		1.4 CITY-ST-ZIP	
SUAREZ, JOAQUIN	<input type="checkbox"/>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19480 SW 187 AVE		2.2 NAME	800003040459
MIAMI FL 33187		2.3 STREET ADDRESS	-11/09/99-01105-012
		2.4 CITY-ST-ZIP	***400.00 ***400.00
	<input type="checkbox"/>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
	<input type="checkbox"/>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
	<input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
	<input type="checkbox"/>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

11/09/99 (11/99)

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 116.07(3)(f), 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, with or other file empowered.

SIGNATURE: SIGNATURE REQUIRED 9-7-99 305-235-3993