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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P98000072039

1. Corporation Name HERRADURA RANCH NURSERY CORP.

Principal Place of Business 4651 S.W. 122ND AVENUE MIAMI FL 33175 Mailing Address 4651 S.W. 122ND AVENUE MIAMI FL 33175



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/18/1998

4. FEI Number 65-0857934 Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 2a. Mailing Address 26 Suite, Apt. #, etc. 27

22 City & State 23 27 City & State 28

23 Zip 24 Country 25 28 Zip 29 Country 30

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALEXANDER, LOUIS 4651 S.W. 122ND AVENUE MIAMI FL 33175

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] DATE [Date] (NOTE: Registered Agent signature required when reinstating)

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include Maria Zoilo S, Alexander Louis, Mulet Elroy.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows for additions/changes to officers and directors.

14. I 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)