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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	Mailing Address
23705 SW 117TH AVE. **MIAMI FL 33032**	**23705 SW 117TH AVE.** **MIAMI FL 33032-3011**

3. Date Incorporated or Qualified: **08/24/1979**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-1967009** ☐ 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

DIAZ, NICHOLAS R.
23705 SW 117TH AVE.
MIAMI FL 33032

10. Name and Address of New Registered Agent

B1 Name: EMILIA DIAZ-FOX M.E.D.
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 4-25-97 M.E.D.
Signature of Registered Agent (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE			☐ Change ☐ Addition
TITLE	DP		1.1 TITLE	DP	☒ Change ☐ Addition
NAME	DIAZ, MANUEL		1.2 NAME	DIAZ, MANUEL	
STREET ADDRESS	2501 S.W. 62ND AVE.		1.3 STREET ADDRESS	23705 S.W. 117TH AVENUE	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	HOMESTEAD, FLORIDA 33032	
TITLE	DST	☐ DELETE	2.1 TITLE	DST	☒ Change ☐ Addition
NAME	DIAZ, EMILIA F.		2.2 NAME	DIAZ, EMILIA F.	
STREET ADDRESS	2501 S.W. 62ND AVE.		2.3 STREET ADDRESS	23705 S.W. 117TH AVENUE	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	HOMESTEAD, FLORIDA 33032	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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, or on an attachment with an address.

SIGNATURE: Manuel Diaz Pres. (PRESIDENT) 1/13/97 (305) 258-5083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #