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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 457776

(3)

SOROA	A GARDEN, INCORPORATED)			
Principal Plac	e of Business	Mailing Address		r inkelt Giddt Alten tantt annt lätte öfer klart	BIBIO BIBIO BIBIO BIBIO BIBIO IBBI
866-868 E 41 STREET HIALEAH FL 33013		866-868 E 41 STREET HIALEAH FL 33013		DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualified	
				09/05/1974	
2. Principal P	Place of Business	2a. Mailing Address	······································	4. FEI Number	Applied For
21		26		59-1550404	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Register	red Agent
MI	EL, S ILIA		81 Name		
6035 W. 8TH AVENUE			B2 Street Add	ress (P.O. Box Number is Not Acceptable)	
. HV	LEAH FL 33012		<u> </u>		· · · · · · · · · · · · · · · · · · ·
			83		
			84 City		- 85 Zip Code
			1 1 1		-L
office or r agent. I a			authorized by the corpora- lorida Statules.	poration submits this statement for the purpostion's board of directors. I hereby accept the	appointment as registered
	Signature, typical or profiled name of registered ago		11 Registered Agent signature requi	· · · · · · · · · · · · · · · · · · ·	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	DELETE	1.1 1/11.€		Change Addition
NAME	MIEL, JULIAN, JR.		1.2 NAME		
STREET ADDRESS	6035 W. 8TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL	····	1.4 CITY-ST-ZIP		
TITLE	\$ 0	DELETE	2.1 TITLE		Change Addition
NAME	MIEL, SILIA		2.2 NAME		
STREET ADDRESS	6035 W. 8TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		2. 4 CITY-ST-ZIP		
TITLE	T	DELETE	3.1 TITLE		Change Addition
NAME	MIEL, SILIA		3.2 NAME		
STREET ADORESS	465 5 E. 8TH LANE		3.3 STREET ADDRESS		Ì
CITY-ST-ZIP	HIALEAH FL		3.4. City-St-ZiP		
TITLE		☐ DELETE	4.1 THILE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 THLE		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		ļ
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		İ

14. I hereby certify that the information supplied with this filing does not quality 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 13 if changed, or an attachment with an address.

SIGNATURE X Selace M.

20/27 2 08

FILED

May 13 1998 8:00am

Secretary of State