

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murtram  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

55 MAY -1 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **481925** (6)

1. Corporation Name:  
**CINDERELLA NURSERY, INC.**

Principal Place of Business: **2335 W. 12 AVENUE HIALEAH FL 33010**  
Mailing Address: **2335 W. 12 AVENUE HIALEAH FL 33010**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/23/1975** 3a. Date of Last Report: **05/31/1994**

4. FIC Number: **59-1616946** 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

7. This corporation has not had an integrated tax under the Florida Statutes:  Yes  No

2. Principal Place of Business	2a. Mailing Address
21. State Apt # etc	26. State Apt # etc
22. City & State	27. City & State
23. ZIP	28. ZIP
24. FIC Number	29. FIC Number
25. FIC Number	30. FIC Number

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VILA, HILDA  
5730 W. 12TH LANE  
HIALEAH FL 33012

81. Name	85. Zip Code
82. Street Address (P.O. Box Number or Post Office)	FL
83. City	

11. Pursuant to the provisions of Sections 607.01, 607.02, and 607.03, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered office of record during a part or parts of the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as its registered agent. (Article 607, Florida Statutes.)

REGISTRATION

12. OFFICERS AND DIRECTORS (SEE FLA. STAT. 607.01)	13. ADDITIONAL MANAGERS TO BE REGISTERED AND DIRECTORS (SEE FLA. STAT. 607.02)
NAME: P VILA, JOSE ADDRESS: 5730 W 12 LANE HIALEAH FL	NAME: [ ] Change [ ] Add
NAME: ST VILA, HILDA ADDRESS: 5730 W 12 LANE HIALEAH FL	NAME: [ ] Change [ ] Add
NAME: [ ]	NAME: [ ] Change [ ] Add
NAME: [ ]	NAME: [ ] Change [ ] Add
NAME: [ ]	NAME: [ ] Change [ ] Add
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NAME: [ ]	NAME: [ ] Change [ ] Add
NAME: [ ]	NAME: [ ] Change [ ] Add

14. I, the undersigned, certify that the information supplied with this filing is voluntarily prepared and checked and equally for the corporation stated in the Florida Statutes. I further certify that the information included 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. This filing is effective on the date 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 on the back of this filing as an officer or director of the corporation.

SIGNATURE: *Hilda Vila*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95 227-2120