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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 489976

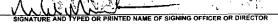
1. Corporation Name

NATURE'S CREATIONS PALM AND TREE NURSERY, INC.

Principal Place	e of Business	Mailing Address			1 148(11 8140) 10110 10			
		PO BOX 699						
11300 SW 68TH CT MIAMI FL 33156		HOMESTEAD FL 33090						
US		US			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		
					11/12/1975			
2. Principal Pl	ace of Business	2a. Mailing Address	Address		4. FEI Number			plied For
21		26			59-1635366			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status De	esired	\$8.75 A	
22		27	27				Fee Re	quired
City & State	8	City & State			6. Election Campaign Fir	nancing	\$5.00	Мау Ве
23		28	28			on 🗀	Added to	o Fees
Zip	Country	Zip	Zip Country			the current year In		
24 25		29 3	29 30		Personal Property Tax. ☐ Yes ☐ No			
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address	of New Registered	Agent	_
			8	1 Name				
	ENTE, VICTOR		8	2 Street Add	ress (P.O. Box Number is No	t Acceptable)		_
1664	10 SW 234 STREET		آ ا					
HOM	IESTEAD FL 33031		8	3				
			L				85 Zip C	\
			8	4 City		FL	85 Zip C	,00 0 e
11 Pursuant	to the provisions of Sections 607 (0502 and 607.1508, Florida Statutes	the abo	ve-named corp	poration submits this statemen	it for the purpose of	changing its	registered
office or n	egistered agent, or both, in the Sta	ate of Florida. Such change was aut	nonzeo b	v the corporati	on's board of directors. I here	by accept the appo	intment as req	gistered
agent. I a	m familiar with, and accept the obi	ligations of, Section 607.0505, Florid	Ja Statute	ю.				
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: R	Registered Ad	ent signature require	ed when reinstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES	S TO OFFICERS A	D DIRECTO	RS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE			•	Change	☐ Addition
NAME	SANTALLA, ERNEST		1.2 NAME	.				
STREET ADDRESS	11300 SW 68TH CT		13STRE	ET ADDRESS				Ì
	MIAMI FL		1.4 CITY					
CITY-ST-ZIP TITLE	S	☐ DELETE	2.1 TITLE				Change	Addition
	•		2.2 NAMI					
NAME	VALIENTE, VICTOR			ET ADDRESS				
STREET ADDRESS.								
CITY-ST-ZIP	HOMESTEAD FL	☐ DELETE	2. 4 CITY				Change	Addition
TITLE			3.1 TITLE					
NAME			3.2 NAM	Į.				ļ
STREET ADDRESS			1	ET ADDRESS				
CITY-ST-ZiP			3.4. CITY				Change	Addition
TITLE		☐ DELETE	4.1 TITLE				□ change	
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STR	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAM	•				
STREET ADDRESS			53 STRE	ET ADDRESS				•
CITY-ST-ZIP			5.4 CITY	ST-ZIP				
TITLE		☐ DELETE	61 TITLE				Change	Addition
NAME			6.2 NAM	.				
STREET ADDRESS			6.3 STRE	ET ADDRESS				
STREET REPRESS			6.4 CITY	ST_7ID				

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:



Daytime Phone #