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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 580138

(6)

OASIS NURSERY, INC.

Principal Place of Business

Mailing Address

FILED May 14 1997 8:00am Secretary of State

(305)



18345 S.W. 206TH ST. MIAMI FL 33187-3319		18345 S.W. 206TH ST. Miami FL 33187-3318				
					3. Date Incorporated or Qualified 07/25/1978	3a. Date of Last Report 06/28/1996
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21 Suite Ant # etc		[26]		NOT APPLICABLE	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat 23		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered Agent
	inenbaum, Eugene		8.	1 Name		
	0 SW 83 AVE MI FL 33143			Street Add	treet Address (P.O. Box Number is Not Acceptable)	
			83	3		
			84	City		85 Zip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	12 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	ites, the above authorized beforida Statute	ve-named cor by the corpora es.	poration submits this statement for the pration's board of directors. I hereby accep	urpose of changing its registered of the appointment as registered
SIGNATURE						
40	Signature, typed or printed name of registered age			gent signature requ	irao when reinstating)	DATE
12. TITLE	OFFICERS AN	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICE	
NAME	TANNENBAUM, REBECCA G.	C) DELETE	1.1 TITLE 1.2 NAME			Change Addition
STREET ADDRESS	18345 S.W. 206TH STREET			T ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CHY-			
TITLE	SD	DELETE	2.1 TITLE	31-21		Change Addition
NAME	TANNENBAUM, DUANE H.		2.2 NAME			
STREET ADDRESS	18345 S.W. 206TH STREET			T ADDRESS		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY			
TITLE	VD	DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	T annenb aum, Robert D.		3.2 NAME			
STREET ADDRESS	18345 SW 206TH STREET		3.3 STREE	T ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE]		☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE			☐ Change ☐ Addition
NAME			52 NAME			
STREET ADDRESS			53 STREE	T ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		5 4 CITY-	ST - 7IP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME		10000219 -05/27/970101	وم 1851
STREET ADDRESS			6.3 STREE	T ADDRESS	-05/27/970101	3006 6/14/97
CITY OF THE			0.1000	63 700	ALMAN COST INC	9/1U17/

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 architechment with an address.