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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 599814**

## FILED Feb 19, 1999 8:00am Secretary of State

02-19-1999 90036 043 \*\*\*150.00

1. Corporation	on Name	09901	₹				•		
BOTANI	ICA NENA,	INC.		-					
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Principal Plac	ce of Business	 i	Mailing Address				- 1001010111111011011101111111111111111		
902 NW 27TH AVE. 902 NW 27TH AVE.							*		
MIAMI FL 33125-3017 MIAMI FL 33125-3017									
			=				DO NOT WRITE IN TH	IS SPACE	
							3. Date incorporated or Qualifed		
		·					02/12/1979		
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	Ap	plied For
21			26				59-1838593	No	t Applicable
Suite, Apt	-#, etc		Suite, Apt. #; etc.~	-	`		5. Certificate of Status Desired	***************************************	
22			27				S. Controlle of States Besides	Fee Re	quired
City & Sta	ite		City & State				6. Election Campaign Financing	\$5.00	May Be
23			28				Trust Fund Contribution	Added t	o Fees
Zip	г	Country	Zip		intry		8. This corporation owes the current year I		_
24		25	29	30			Personal Property Tax.		□No
	9. Name a	and Address of Curi	rent Registered Agent		81 1	Name	10. Name and Address of New Registere	d Agent	
GAR	RCIA, MARIA	C.			"	Name			
902 NW 27TH AVE.					82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
MIAMI FL 33125									
1775 4	2 00 120				83				
					84 (	City		85 Zip C	ode
44 5							F	LII	
office or	to the provision registered age	ons of Sections 607.0 nt, or both, in the Sta	i502 and 607.1508, Florida Stati ite of Florida, Such change was	utes, the al authorized	bove-n	named corpor e corporation	ration submits this statement for the purpose o's board of directors. I hereby accept the app	of changing its a	registered
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agent. I a	aili iailiniai vyiti	n, and accept the obii	igations of, Section 607.0505, F	lorida Stati	utes.				
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agent. I a SIGNATURE 12.	Signature, typed or	r printed name of registered a	agent and title if applicable. (NO	TE: Registered	utes. I Agent sk		when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
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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:

SIGNATURE AND TYPED OR PRINTED INVALE OF SIGNING OFFICER OR DIRECTOR DATE DESCRIPTION DESCRIPTION OF DESCRIPTIO

CR2E034 (11/98)