

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

**FILED**

**May 05 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 640582 (3)**  
1. Corporation Name  
**DIAZ LANDSCAPING & NURSERY, INC.**



Principal Place of Business <b>23705 SW 117TH AVE. MIAMI FL 33032</b>	Mailing Address <b>23705 SW 117TH AVE. MIAMI FL 33032-3011</b>
--	---

3. Date Incorporated or Qualified <b>08/24/1979</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1967009</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
30

9. Name and Address of Current Registered Agent  
**DIAZ, NICHOLAS R.  
23705 SW 117TH AVE.  
MIAMI FL 33032**

10. Name and Address of New Registered Agent  
B1 Name **EMILIA DIAZ-FOX**  
B2 Street Address (P.O. Box Number is Not Acceptable)  
**150 WEST FLAGLER ST,  
SUITE 1575 - MUSEUM TOWER**  
B4 City **MIAMI** FL B5 Zip Code **33130**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.  
SIGNATURE: *Emilia Diaz Fox* DATE: **4-25-97**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>DIAZ, MANUEL</b>	
STREET ADDRESS	<b>2501 S.W. 62ND AVE.</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	<b>DIAZ, EMILIA F.</b>	
STREET ADDRESS	<b>2501 S.W. 62ND AVE.</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DIAZ, MANUEL</b>	
1.3 STREET ADDRESS	<b>23705 S.W. 117TH AVENUE</b>	
1.4 CITY - ST - ZIP	<b>HOMESTEAD, FLORIDA 33032</b>	
2.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DIAZ, EMILIA F.</b>	
2.3 STREET ADDRESS	<b>23705 S.W. 117TH AVENUE</b>	
2.4 CITY - ST - ZIP	<b>HOMESTEAD, FLORIDA 33032</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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, with an attachment.

SIGNATURE: *Manuel Diaz* (PRESIDENT) DATE: **1/13/97** (205) 258-5083

CR2E034 (9/96)