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Jan 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 677661 (1)

1. Corporation Name  
THE BOTANICAL GARDENS NURSERY, INC.

Principal Place of Business  
19110 KROME AVE.  
MIAMI FL 33187-2004

Mailing Address  
19110 KROME AVE.  
MIAMI FL 33187-2004



3. Date Incorporated or Qualified 07/07/1980  
3a. Date of Last Report 04/23/1996

4. FEI Number 59-2034080  
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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ 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  
29  
30

9. Name and Address of Current Registered Agent

GLASSFORD, DALE C.  
PARK PLACE OF KENDALL  
13410 SW 128TH ST  
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name Carrie Lavargna Esquire  
82 Street Address (P.O. Box Number is Not Acceptable) 9250 S.W. 83 Street  
83  
84 City Miami FL 85 Zip Code 33173

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 Carrie Lavargna DATE 1/10/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PDC	LAVARGNA, ANTHONY H.	19110 KROME AVE.	MIAMI FL	<input type="checkbox"/>
VD	LAVARGNA, LISA	19110 KROME AVE.	MIAMI FL	<input type="checkbox"/>
VPD	BRANHAM, TONI LYNN	19863 S.W. 82 CT.	MIAMI FL	<input type="checkbox"/>
STD	LAVARGNA, LAURENCE P.	9395 S.W. 88 ST.	MIAMI FL	<input type="checkbox"/>
VD	BURLESON, CINDY	19001 SW 272 STREET	HOMESTEAD FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>

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 an Attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

1/14/97 305/235 5465

CR2E034 (9/96)