FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED
AND
FILED

1995

DOCUMENT # 744315 (3)

TREASURE COAST BONSAI SOCIETY INC.

826 22ND AVE
VERO BEACH FL 32960

826 22ND AVE
VERO BEACH FL 32960

3. Date of Incorporation: 09/19/1978
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-2335697
Applied For
Not Applicable
5. Certificate of Status (Attached)
$8.75 Additional Fee Required
6. Certified Copies (Attached)
$5.00 May Be Added to Fees
7. Payment with this Report for Exempt Status
X
$68.75 Supplemental Fee Not Required
8. The corporation is hereby submitted for review as required by Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

SMITH, JAMES J.
826 22ND AVE.
VERO BEACH, FL. 32960

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept the appointment to act in this capacity. I agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE: James J. Smith 4-15-95

12 OFFICER AND DIRECTORS

TD
KNOX, MICHAEL
1891 SANDALWOOD RD E
VERO BCH FL
S
LEIGHTON, LILLIAN
1900 5TH AVE SW
VERO BCH FL
PD
BLOCKER, ROBERT
P O BOX 401 N/A
FELLSMERE FL
VD
HAYES, SHEILA
5208 SUSON LANE
FT PIERCE FL

13 Change Add

$87.50

14 I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 added.

SIGNATURE: Michael J. Knox 4/15/95 407-589-5533

0036005

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

95 JUN -1 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001505664
-06/05/95--01004--009
****155.00 ****155.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # [illegible]

Corporation Name

[illegible]

Principal Place of Business	Mailing Address
[illegible]	[illegible]
MIAMI FL 33172	MIAMI FL 33172

3. Date Incorporated or Qualified: 09/25/1978
3a. Date of Last Report: 07/12/1994
4. FEI Number: [illegible] — Applied For / Not Applicable

2. Principal Place of Business	21	2a. Mailing Address	26
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27
City & State	23	City & State	28
Zip 24 / Country 25		Zip 29 / Country 30	

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. [illegible] [ ] — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

ASSOCIATED MANAGEMENT SERVICES [illegible]
275 [illegible] BLVD, SUITE 100
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name
82 Street (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	P	11 TITLE	P	[ ] Change [ ] Addition
NAME	[illegible]	12 NAME	LOPEZ OSVALDO	
STREET ADDRESS	10[illegible] TERRACE	13 STREET ADDRESS	10[illegible] LN	
CITY ST ZIP	MIAMI FL 33172	14 CITY ST ZIP	MIAMI FL 33172	
TITLE	V	21 TITLE	V	[X] Change [ ] Addition
NAME	[illegible]	22 NAME	[illegible]	
STREET ADDRESS	[illegible] TERRACE	23 STREET ADDRESS	[illegible]	
CITY ST ZIP	MIAMI FL 33172	24 CITY ST ZIP	MIAMI FL 33172	
TITLE	T	31 TITLE	T	[X] Change [ ] Addition
NAME	VILLALTA ISABEL	32 NAME	VALERO CARLOS	
STREET ADDRESS	10[illegible] TERRACE	33 STREET ADDRESS	10370 [illegible] TERRACE	
CITY ST ZIP	MIAMI FL 33172	34 CITY ST ZIP	MIAMI FL 33172	
TITLE	S	41 TITLE	S	[X] Change [ ] Addition
NAME	VARONA MAYRA	42 NAME	[illegible] MARIA	
STREET ADDRESS	10[illegible] LN	43 STREET ADDRESS	10[illegible] TERRACE	
CITY ST ZIP	MIAMI FL 33172	44 CITY ST ZIP	MIAMI FL 33172	
TITLE	D	51 TITLE	D	[ ] Change [ ] Addition
NAME	[illegible]	52 NAME	[illegible]	
STREET ADDRESS	[illegible]	53 STREET ADDRESS	10[illegible] LN	
CITY ST ZIP	MIAMI FL 33172	54 CITY ST ZIP	MIAMI FL 33172	
TITLE		61 TITLE		[ ] Change [ ] Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Osvaldo López - PRESIDENT — 5/17/95 — 305-226-9872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #