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 # F86659

(2)

SABREENA'S GARDEN NURSERY, INC.

FILED
Jan 22 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address									
% PEDRO P. OJEDA % PEDRO P. OJEDA									
5120 SW 208		5120 SW 208TH LANE			İ				
	ALE FL 33332	FT. LAUDERDALE							
						3. Date Incorporated or Qualified 06/23/1982		of Last R	eport
2. Principal I	Place of Business	2a. Mailing Addre	ess			4. FEI Number		. Ar	plied For
21		26				59-2214285		- + ·	t Applicable
Suite, Apt	l. #, elc.	Suite, Apt. #, etc.			B. Continue of One of Deal and		\$8.75	Additional	
22		27			5. Certificate of Status Desired		Fee Re		
City & Sta	ite	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added t	
Zip	Country	Zip	Co	untry		8. This corporation has liability for i	ntangible ta	x under s	. 199.032,
24	25	29	30			Florida Statutes	Yes 🔲	No	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	pistered Aç	ent	
OJ	EDA, PEDRO P.			81	Name				
5120 SW 208TH LANE					Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
FT. LAUDERDALE FL 33332				82		to the control of the recording			
				83					
				84	City		····	An 7.5 /	^
				04	City		FL	85 Zip (Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent or both, in the State of Florida. Such change was authorize agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Sta 					named corpo	oration submits this statement for the p	urpose of c	nanging it	s registered
office or agent 1:	registered agent, or both, in the State am familiar with, and accept the oblig	r the corporation	on's board of directors. I hereby accep	it the appoir	ntment as	registered			
SIGNATURE		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,						
Signature, typied or printed name of registered agon; and title diapplicable (NOTE Reg				ed Age	int signature require	d when reinstating)	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTOR	S IN 12
TITLE			LETE 1,1 T	1.1 THLE			Ĺ	Change	Addition
NAME	OJEDA, THERESA J		1.2 N	1.2 NAME					
\$1REET ADORESS			1.3 9	1.3 STREET ADDRESS					:
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		1,4 0	ITY-S	T-ZIP				
TITLE	Ţ	DE	LETE 2.1 T	ITLE			L	Change	Addition
NAME	OJEDA, GLADYS		2.2 N	AME		•			
STREET ADORESS			2.3 9	TREET	ADDRESS	,			
CITY - S1 - ZIP	FT LAUDERDALE, FL 00000		2. 4	CITY-S	ST-ZIP				
TITLE	P	DE:	LETE 3.1 T	ITLE			L,	Change	Addition
NAME	OJEDA, PEDRO R		3.2 N	IAME		•			
STREET ADDRESS			3.3 \$	TREET	ADORESS				
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		CITY-S	ST-28P					
TITLE	V	☐ DE						Change	Addition
NAME	OJEDA, PEDRO P		4, 2	NAME		,			
STREET ADDRESS	5120 SW 208TH LANE, 5120		4.3.5	TREET	ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE, FL 00000			HTY-S	1				
TITLE		DE				·		Change	Addition
NAME			5.2 N				_	-	
			****		E E				

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

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY - ST-2IP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

HORESA J. OSENA 1-14-97

Change

Addition