

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G82595**

(1)

1. Corporation Name:

EXOTIC FOLIAGE NURSERY, INC.



Principal Place of Business

**20400 SW 167TH AVE.
MIAMI FL 33187**

Mailing Address

**20400 SW 167TH AVE
MIAMI FL 33187
US**

3. Date Incorporated or Qualified

01/31/1984

3a. Date of Last Report

06/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2469655

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

28

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KALLERT, GUNTER
20400 SW 167 AVENUE
MIAMI FL 33187**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 607.0502, Florida Statutes.

SIGNATURE

[Signature]

1. 23. 96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**DPS
KALLERT, GUNTER
2039 NORTH BAY RD.
MIAMI FL**

☐ Change ☐ Addition

☐ DELETE

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**T
KALLERT, GUNTER
2039 N. BAY RD.
MIAMI BCH. FL**

☐ Change ☐ Addition

☐ DELETE

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

☐ DELETE

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

☐ DELETE

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

☐ DELETE

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

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 or 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. 23. 96 / 2575200

CR2E034 (12/95)