

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

FILED  
May 19 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 # H30710 (8)  
1. Corporation Name  
BOTANICAL FARMS, INC.



Principal Place of Business  
17455 S.W. 157 AVENUE  
MIAMI FL 33187

Mailing Address  
17455 S.W. 157 AVENUE  
MIAMI FL 33187-1716

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

3. Date Incorporated or Qualified 11/20/1984	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2471282	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WARREN, LOVELL III 17455 S.W. 157 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VICE PRESIDENT
NAME	LOVELL, WARREN W., III	1.2 NAME	
STREET ADDRESS	17455 SW 157 AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	LOVELL, LESLIE KAY	2.2 NAME	
STREET ADDRESS	17455 SW 157 AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	PRESIDENT	3.1 TITLE	PRESIDENT
NAME	MANOLO DIAZ	3.2 NAME	MANOLO DIAZ
STREET ADDRESS	17455 SW 157 Ave	3.3 STREET ADDRESS	17455 SW 157 AVENUE
CITY-ST-ZIP	MIAMI FL 33187	3.4 CITY-ST-ZIP	MIAMI FLORIDA 33187
TITLE	VICE PRESIDENT	4.1 TITLE	VICE PRESIDENT
NAME	JEFFREY S. LOVELL	4.2 NAME	JEFFREY S. LOVELL
STREET ADDRESS	17455 SW 157 Ave.	4.3 STREET ADDRESS	17455 SW 157 AVENUE
CITY-ST-ZIP	MIAMI, FL 33187	4.4 CITY-ST-ZIP	MIAMI FLORIDA 33187
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, or on an attachment with an address.

SIGNATURE: WARREN W. LOVELL III V.P. 4/1/97 305-225-7183

CR2E034 (9/96)