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FILED
Jun 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT



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

DOCUMENT # H96797

(6)

1. Corporation Name
ALONSO NURSERY FARMS, INC.

Principal Place of Business
% JULIO CESAR ALONSO, JR.
18800 S.W. 216TH ST.
MIAMI FL 33170

Mailing Address
% JULIO CESAR ALONSO, JR.
18800 S.W. 216TH ST.
MIAMI FL 33170-1405

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29

30

3. Name and Address of Current Registered Agent

ALONSO, JULIO CESAR, JR.
18800 S.W. 216TH ST.
MIAMI FL 33170

3. Date Incorporated or Qualified
01/28/1986

3a. Date of Last Report
06/21/1996

4. FCI Number
59-2661758

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

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. Pursuant to the provisions of Sections 607.07(2) and 607.19(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 607.09(5), Florida Statutes.

SIGNATURE

Signature of person making this statement (must be printed)

(If Officer or Agent, print name and title (must be printed))

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME ALONSO, JULIO CESAR, JR.
STREET ADDRESS 18800 S.W. 216TH ST.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE D
NAME ALONSO, CARLOS
STREET ADDRESS 18800 SW 216 ST.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE D
NAME ALONSO, ISABEL
STREET ADDRESS 18800 SW 216 ST.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 supplementary 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 attached page with an address.

SIGNATURE:

[Signature]

106724/98-01000-02
***JULIEN

CR2E034 (9/96)