

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandria B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K17424** (8)

1. Corporation Name

BOTANICA DEVELOPMENT ASSOCIATES, INC.



Principal Place of Business

**101 CRANDON BLVD
SUITE 175
KEY BISCAYNE FL 33149**

Mailing Address

**101 CRANDON BLVD
SUITE 175
KEY BISCAYNE FL 33149**

3. Date Incorporated or Qualified
03/02/1988

3a. Date of Last Report
04/19/1995

4. FEI Number

65-0040325

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

2. Principal Place of Business

21 **240 Crandon Blvd.**

Suite, Apt. #, etc.

22 **Suite 106**

City & State

23 **Key Biscayne FL**

Zip

24 **33149**

Country

25 **-**

2a. Mailing Address

26 **240 Crandon Blvd.**

Suite, Apt. #, etc.

27 **Suite 106**

City & State

28 **Key Biscayne FL**

Zip

29 **33149**

Country

30 **-**

9. Name and Address of Current Registered Agent

**KIENE, H. J
240 CRANDON BLVD.
SUITE 202
KEY BISCAYNE FL 33149**

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 607.0502 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

H. J. Kiene *4/29/96*

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.5 TITLE

6.6 NAME

6.7 STREET ADDRESS

6.8 CITY - ST - ZIP

6.9 TITLE

6.10 NAME

6.11 STREET ADDRESS

6.12 CITY - ST - ZIP

6.13 TITLE

6.14 NAME

6.15 STREET ADDRESS

6.16 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

U. Carachet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)