

**ANNUAL REPORT
1995**

Florida B. Gordon
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 31 AM 11:44

DOCUMENT # L04217 (0)

1. Corporation Name
TROPICAL FOREST NURSERIES, INC.

Principal Place of Business	Mailing Address
% RIGOBERTO MORERA 10251 SW 13 ST MIAMI FL 33174	% RIGOBERTO MORERA 10251 SW 13 ST MIAMI FL 33174

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/25/1989	3a. Date of Last Report 05/01/1994
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2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

4. FEI Number 65-0137951	Applied For <input type="checkbox"/> 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
MORERA, RIGOBERTO 10251 SW 13 ST MIAMI FL 33174	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 resigning) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORERA, RIGOBERTO	1 2 NAME	
STREET ADDRESS	10251 SW 13 ST	1 3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1 4 CITY - ST - ZIP	
TITLE		2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY - ST - ZIP		2 4 CITY - ST - ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, checked, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3/27/95**

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 32 PM 1:24

DOCUMENT # **L04743 (5)**
1. Corporation Name
SUPERIOR TECHNOLOGICAL INTERPRISES, INC.

Principal Place of Business Mailing Address
% ALBERTO MENCIA **% ALBERTO MENCIA**
PO BOX 4310 **PO BOX 4310**
HIALEAH FL 33014 **HIALEAH FL 33014**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/25/1989** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 1117 W OKEECHOBEE RD		26		23 65-0134530		Not Applicable	
22 103		27		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 HIALEAH GARDENS FL		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33016		25 USA		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

MENCIA, ALBERTO
8191 NW 98TH LANE
HIALEAH GARDENS FL 33016

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 *Alberto Mencia* **ALBERTO MENCIA** 3-27-95
Signature, typed or printed name of registered agent and title of application (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENCIA, ALBERTO	1 2 NAME	
STREET ADDRESS	8191 NW 98 TH LANE	1 3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH GARDENS FL	1 4 CITY - ST - ZIP	
TITLE	V	2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOLANDA, TOLEDO R	2 2 NAME	YOLANDA MENCIA
STREET ADDRESS	8191 NW 98TH LANE	2 3 STREET ADDRESS	8191 NW 98TH LANE
CITY - ST - ZIP	HIALEAH GARDENS FL	2 4 CITY - ST - ZIP	HIALEAH GARDENS, FL 33016
TITLE	S	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENCIA, ISABEL	3 2 NAME	
STREET ADDRESS	1280 NW 172 SSSST	3 3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *Alberto Mencia* **ALBERTO MENCIA** 3/27/95 (305) 824-0954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Optional)