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Apr 29 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 # M50696 (7)

1. Corporation Name
ORNAMENTAL NURSERY, CORPORATION

Principal Place of Business

1601 S.W. 102TH AVENUE
MIAMI FL 33165

Mailing Address

1601 S.W. 102TH AVENUE
MIAMI FL 33165-7421



2. Principal Place of Business

21 19200 S.W. 216 ST.

Suite, Apt. #, etc.

22

City & State

23 MIAMI FL.

Zip

24 33170

Country

25 DADE

2a. Mailing Address

26 19200 S.W. 216 ST.

Suite, Apt. #, etc.

27

City & State

28 MIAMI FL.

Zip

29 33170

Country

30 DADE

3. Date Incorporated or Qualified

04/22/1987

3a. Date of Last Report

02/01/1996

4. FEI Number

59-2794101

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

9. Name and Address of Current Registered Agent

RODRIGUEZ, ESTEBAN
1601 S.W. 102ND AVENUE
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name ESTEBAN RODRIGUEZ

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

16451 N.W. 84 AVE.

83

84 City

MIAMI

FL

85 Zip Code

33016

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 provisions of Section 607.0505, Florida Statutes

SIGNATURE

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/97

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P
RODRIGUEZ, ESTEBAN
1601 SW 102 AVE
MIAMI FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD
RODRIGUEZ, ALBERTO
1601 SW 102 AVE
MIAMI FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

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

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

CR2E034 (9/96)