

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

55 MAY - 1 AM 8:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M83918** (6)

1. Corporation Name

**NICHOLAS AND DANIELLE PLANTS CORP.**

Principal Place of Business

Mailing Address

15485 EAGLE NEST LANE  
SUITE 200  
MIAMI LAKES FL 33014  
US

15485 EAGLE NEST LANE  
STE. 200  
MIAMI LAKES FL 33014  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/31/1988

3a. Date of Last Report

03/22/1994

4. FEI Number

65-0059045

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

2a. Mailing Address

21 7975 N.W. 154th ST.

26 7975 N.W. 154

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 400

27 SUITE 400

City & State

City & State

23 HIALEAH

28 HIALEAH

Zip

Country

Zip

Country

24 33016-5849

25

29 33016-5849

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSMAN, L. MICHAEL  
1474-A W. 84TH ST.  
HIALEAH FL 33016

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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

(Signature types in printed name of registered agent and title if applicable)

(NOTE: Registered agent (and title if applicable) must be stated)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	CARDOSO, SILVO
STREET ADDRESS	1320 S. DIXIE HWY #820
CITY - ST - ZIP	CORAL GABLES FL
TITLE	SD
NAME	CARDOSO, MARV
STREET ADDRESS	1320 S. DIXIE HWY #820
CITY - ST - ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Silvo A. Cardoso*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/94

33016-5849