FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 18 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 # **M99293** **(6)**

1. Corporation Name
NURSERY ELEGUA'S INC.

Principal Place of Business	Mailing Address
C/O MIGUEL ROJAS 12325 SW 72TH ST MIAMI FL 33183-2619	C/O MIGUEL ROJAS 12325 SW 72TH ST MIAMI FL 33183-2619

3. Date Incorporated or Qualified: 09/19/1988
3a. Date of Last Report: 02/23/1996

2. Principal Place of Business	2a. Mailing Address
21 12291 SW 72 ST	26 12291 SW 72 ST
22 Suite, Apt. #, etc. —	27 Suite, Apt. #, etc. —
23 City & State: Miami-FL	28 City & State: Miami- FL
24 Zip: 33183-2619 25 Country: U.S.A	29 Zip: 33183-2619 30 Country: U S A

4. FEI Number: 65-0076977 ☐ 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	10. Name and Address of New Registered Agent
ROJAS, MIGUEL 12325 SW 72TH ST MIAMI FL 33183	81 Name: ROJAS, MIGUEL 82 Street Address (P.O. Box Number is Not Acceptable): 12291 SW 72 ST 83 84 City: MIAMI- FL 85 Zip Code: 33183-2619

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ROJAS, MIGUEL		1.2 NAME	ROJAS, MIGUEL	
STREET ADDRESS	12325 SW 72TH ST		1.3 STREET ADDRESS	6700 SW 122 ave	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI-FL 33183-2619	
TITLE	STD	☐ DELETE	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	ONTANEDA, CARMEN DEJESUS		2.2 NAME	ROJAS, Carmen de J.	
STREET ADDRESS	12325 SW 72TH ST		2.3 STREET ADDRESS	6700 SW 122 ave	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI-FL 33183-2619	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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.