FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Jan 27 1998 8:00am
Secretary of State

DOCUMENT # M99293 (6)

1. Corporation Name
NURSERY ELEGUA'S INC.

Principal Place of Business	Mailing Address
122 91ST SW 72ND ST 12325 SW 72TH ST MIAMI FL 33183-619 US	12291 SW 72ND ST 12325 SW 72TH ST MIAMI FL 33183-619 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1988

2. Principal Place of Business	2a. Mailing Address
21 12291 SW. 72ND ST	26 12291 S.W. 72ND ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI - FL.	28 City & State: Miami-FL.
24 Zip: 33183-2617 25 Country: Dade	29 Zip: 33183-2617 30 Country: Dade.

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROJAS, MIGUEL 12291 SW 72ND ST MIAMI FL 33183-2619	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 _____ 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	6700 SW 122ND AVE		1.3 STREET ADDRESS	6700 SW 122 ND ave	
CITY-ST-ZIP	MIAMI FL 19		1.4 CITY-ST-ZIP	Miami-FL 33183-2628	
TITLE	STD	☐ DELETE	2.1 TITLE	STD	☐ Change ☐ Addition
NAME	ROJAS, CARMEN D		2.2 NAME	ROJAS, Carmen D.	
STREET ADDRESS	6700 SW 122ND AVE		2.3 STREET ADDRESS	6700 SW 122ND ave	
CITY-ST-ZIP	MIAMI FL 19		2.4 CITY-ST-ZIP	Miami-FL 33183-2628	
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 (10/97)

14. I 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: [signature] REQ MIGUEL ROJAS. 1-17-98 274.8135