FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000062174 (6)**

1. Corporate Name
AFRICAN GARDENS LANDSCAPING AND MAINTENANCE, INC

Principal Place of Business	Mailing Address
21487 NW 2ND AVE. MIAMI FL 33169	21487 NW 2ND AVE. MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/07/1993	09/07/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number: 69-0511569 ☐ 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 only one director as allowed by Section 607.0202, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARDEMON, BARBARA 21487 NW 2ND AVE. MIAMI FL 33169	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 607.0505 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES OR DELETIONS (Check One)	
01 TITLE	PTD	01 TITLE	☐ Change ☐ Addition
02 NAME	HARDEMON, BARBARA J	02 NAME	
03 STREET ADDRESS	21487 NW 2ND AVE.	03 STREET ADDRESS	
04 CITY ST ZIP	MIAMI FL 33169	04 CITY ST ZIP	
05 TITLE	SD	05 TITLE	☐ Change ☐ Addition
06 NAME	JOHNSON, SHERRY	06 NAME	
07 STREET ADDRESS	21487 NW 2ND AVE.	07 STREET ADDRESS	
08 CITY ST ZIP	MIAMI FL 33169	08 CITY ST ZIP	
09 TITLE	VPD	09 TITLE	☐ Change ☐ Addition
10 NAME	JOHNSON, CORNELIA	10 NAME	
11 STREET ADDRESS	21487 NW 2ND AVE.	11 STREET ADDRESS	
12 CITY ST ZIP	MIAMI FL 33169	12 CITY ST ZIP	
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY ST ZIP		16 CITY ST ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	

14. I/We 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)(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 with changes, if any, typed or printed herewith an address.

SIGNATURE: Barbara J. Hardemon 4/30/95 (305)653-5389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0184700 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED

DOCUMENT # P93000062227 (2)

1. Corporation Name

MELBOURNE AUTO IMPORTS, INC.

Principal Place of Business
2345 OKEECHOBEE BLVD.
SUITE 300
WEST PALM BEACH FL 33409
US

Mailing Address
2345 OKEECHOBEE BLVD.
SUITE 300
WEST PALM BEACH FL 33409
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/07/1993
3a. Date of Last Report: 02/21/1994
4. FEI Number: 65-0434100 ☐ 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
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES INC
11780 US HWY ONE
SUITE 300
NORTH MIAMI BEACH FL 33408

10. Name and Address of New Registered Agent
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

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	CUILLO, ROBERTS S
STREET ADDRESS	2345 OKEECHOBEE BLVD.
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	VP
NAME	CUILLO, ROBERT A
STREET ADDRESS	2345 OKEECHOBEE BLVD.
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	T
NAME	SCHLACKS, STEVEN
STREET ADDRESS	2345 OKEECHOBEE BLVD.
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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)(i), Florida Statutes. I further certify that the information indicated on the 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: Steve Schlacks STEVEN SCHLACKS 1/27/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0248869 CP