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FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000011308 (1)**

1. Corporation Name
BOTANICA NICOLAS, INC.

Principal Place of Business
**9837 S. W. 184TH STREET
MIAMI FL 33157**

Mailing Address
**9837 S. W. 184TH STREET
MIAMI FL 33157**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/07/1994	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0458909	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

~~COLODNE, MARK R~~
~~9455C BOCA RATON CIR. S.~~
~~B~~
~~BOCA RATON FL 33496~~

81 Name **Elba Fonseca**
82 Street Address (P.O. Box Number is Not Acceptable)
13330 S.W. 195 Terrace
83
84 City **Miami** FL 85 Zip Code **33177**

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

Elba Fonseca

04/15/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	P.D.
NAME	FLETCHER, MIKE	1.2 NAME	Elba Fonseca
STREET ADDRESS	9837 S. W. 184TH STREET	1.3 STREET ADDRESS	9837 S.W. 184th Street
CITY - ST - ZIP	MIAMI FL 33157	1.4 CITY - ST - ZIP	Miami, FL 33157
TITLE	D	2.1 TITLE	
NAME	COLODNE, MARK R	2.2 NAME	
STREET ADDRESS	9455C BOCA GRNDS CIR. S.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33496	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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:

Elba Fonseca

04/15/98

CR2E034 (10/97)