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

Mailing Address 4475 NW 169TH TERR

CAROL CITY FL 33055

2a. Mailing Address

City & State

27

28

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT

1999

4475 NW 169TH TERR CAROL COTY FL:33055

2. Principal Place of Business

PEREZ. LUIS M

4475 NW 169TH TERR CAROL CITY FL 33055

Suite, Apt. #, etc.

City & State

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400030778

A-1 PEREZ NURSERY & FARM, INC.

Principal Place of Business

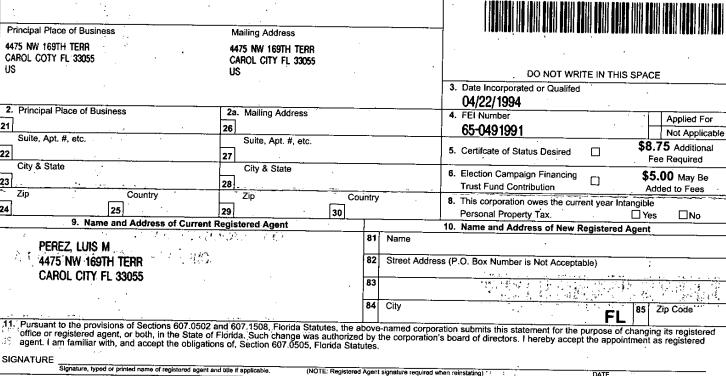
Country

9. Name and Address of Current Registered Agent

25

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90019 012 ***150.00



Signature, typed or printed name of registered agent and title if applica (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Addition PEREZ, LUIS M NAME 1.2 NAME STREET ADDRESS 4475 NW 169TH TERR 1.3 STREET ADDRESS CAROL CITY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1.TITLE ☐ Addition NAME PEREZ, MANUEL 2.2 NAME STREET ADDRESS 14475 N.W. 169TH TERRACE 2.3 STREET ADDRESS CITY-ST-ZiF CAROL CITY FL 33055 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP mile ☐ DELETE 4.1 TITLE 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 ADORESS 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 6.4 CITY-ST-ZIP

Country

81 Name

82

83 84 City

30

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 en on an attachment with an address, with all other like empowered

CR2E034 (11/98)