SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000043934 (6)**

1. Corporation Name

PATRICIAS' NURSERY, INC.

Principal Place of Business

5960 S.W. 190TH AVE
#5
FT. LAUDERDALE FL 33332
US

Mailing Address

5960 S.W. 190TH AVE.
#5
FT. LAUDERDALE FL 33332
US

3. Date Incorporated or Qualified: **06/08/1994**

3a. Date of Last Report: **03/21/1995**

2. Principal Place of Business — 21

2a. Mailing Address — 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: **65-0515697** — 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

PRADILLA, PATRICIA
1013 S.W. 122ND AVENUE
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

81 Name: Patricia Ramirez

82 Street Address (P.O. Box Number is Not Acceptable): 5960 SW 190 Ave

83 Ft. lauderdale

84 City: FL — 85 Zip Code: 33332

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: _____ (Signature of Corporate Officer, Director, Agent or Attorney-in-Fact) (Signature of Registered Agent required when address change) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DV	☐ DELETE
NAME	PRADILLA, PATRICIA	
STREET ADDRESS	1013 S.W. 122ND AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	DS	☐ DELETE
NAME	PRADILLA, CARLOS	
STREET ADDRESS	1013 S.W. 122ND AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	DP	☐ DELETE
NAME	RAMIREZ, MARIA P	
STREET ADDRESS	501 SW 158TH TERRACE STE 204	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Ramirez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/96 (954) 433-8179
DATE — Daytime Phone

CR2E034 (3/96)

0096272 CR