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

**PROFIT** CORPORATION ANNUAL REPORT

1999

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90179 010 \*\*\*158.75

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

i, corporation	MENT # P9 IT NURSERIES IN		)55142					<u> </u>						
Principal Place	e of Business		Mailing Address				$\neg$	11	<b>4.014.011</b> 14 <b>0</b> 1044.1	1811 <b>  13</b> 111   <b>5</b> 1	1)  30)   00 9			IU 17UI 10UI
3551 S.W. 1(2ND AVE. MIAMI FL 33165			P.O. BOX 831118 MIAMI FL 33283							TE IN TH	S SPACE			
							3.		corporated o	· Qualifed				
2 Principal D	ace of Business		2a. Mailing Address				4	FEI Nu					Applic	ed For
21 PARICIPAL F	ace of business		26				"		96842				<u> </u>	pplicable
Suite, Art.	#, etc.		Suite, Apt. #, etc.				1.			Dooirod	<b>d</b>	\$8.7	5 Acc	ditional
22			27				5.	Certifica	te of Status		<u>•</u>	Fee	Requ	ired
City & Stat	9		City & State				6.	Electio	n Campaign f	inancing			)0 N∈	
23			28				.—		and Contribu				ed to F	ees
Zip	Coun n	/	Zip		ıntry	'	8.		rporation ow		ent year l		67	No
24	25		29	30	1				al Property T and Address		Panistora	∐ Yes		1140
<del></del>	9. Name and Addre	ss of Current	Registered Agent		81	Name	10.	Name	illu Addies:	OI NEW I	(cgistore	1 Agent	—-	
PEST	ronit, julio j													
11451 SW 74 TERR.					82	Street Ac	idress (P	O. Box	Number is N	ot Accepta	able)			
MIAMI FL 33173					83						· ·			
					84	City					F	85 Z	ip Co	ie .
office or n	egistered agent, or both, m familiar with, and acce	in the State o ept the obligation	and 607.1508, Florida Stati Florida. Such change was ns of, Section 607.0505, F	euthorize Icrida Stat	d by utes	the corpora	ation's bo	oard of o	directors. I he	reby acce	of the app	ointment as	regis	tered
42	Signature, typed or printed nar ie	FFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	Agei	Tit signatore requ			NS/CHANG	S TO OF			TORS	5 IN 12
TITLE	P	1 TOLING AND	DIRECTORO	1.1 T	ITLE	-		, abbilit	110/01///			☐ Chang		Addition
NAME	PESTONIT, ANGELA	∆ Mi	_	1.2 N	AME									
STREET ADDRESS	11451 S.W. 74TH TERRACE				1.3 STREET ADDRESS									
CITY-SY-ZIP	MIAMI FL 33173			1.4 C	ITY-S	T-ZIP								
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NAME	PESTONIT, LUCILA	М		2.2 N	AME									
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NAME				5.2 N		T ADDRESS								}
STREET ADDRESS						T-ZIP								1
CITY-ST-ZIP			☐ DELETE	61 T		71-71F						Chang		Addition
TITLE				I * ' '									5-	

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 attach nent with an address, with a light empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

WOLLA M. RESTONIT 4,15.99 SIGNATURE: 2