

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.)

**APPROVED
AND
FILED**

96 AUG 26 AM 6:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT **1996**

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



DOCUMENT # P94000056950

1. Corporation Name
Barbara Floreria Y Botanica Inc.
4044 B-West 12th Ave.
Hialeah, Fl. 33012

Principal Place of Business Mailing Address
4044 B-West 12th Ave.
Hialeah, Fl. 33012

3. Date Incorporated or Qualified 3a. Date of Last Report

4. FEI Number **65-0508621** 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 2a. Mailing Address

21 Suite, Apt #, etc 26 Suite, Apt #, etc

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

Leonides D. Capote
17545 N.W. 49th Court
Opa-Locka, Fl. 33055

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, Sect on 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature must be printed in full. Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS

TITLE DELETE
President/Director
Leonides D. Capote
17545 N.W. 49th Ct.
Opa-Locka, Fl. 33055

TITLE DELETE
Vice-Pres./Director
Luis A. Capote
4151 W. 9th Court
Hialeah, Fl. 33012

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP Change Addition

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP Change Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP Change Addition

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP Change Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP Change Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

600001932996
08/27/96-01101-024
******225.00 ****225.00**

SP 8/26

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: *Leonides D. Capote*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-19-96

CR2E034 (3/96)