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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # **P94000056950** (6)

BARBARA FLORERIA Y BOTANICA INC.

**FILED** 

May 09 1997 8:00am

Secretary of State

Principal Place of Business	Malling Address	t tauninger ism idser dents desix daser daser delet dette derind inimi bitti dikit ibne
4044 B-WEST 12TH AVENUE	4044 B-WEST 12TH AVENUE	
HIALEAH FL 33012	HIALEAH FL 33012-4106	

						<b>08/26/1996</b>	
2. Princip	Principal Place of Business     2a. Mailing Address			<del></del>	4. FEI Number	Applied For	
21	26				65-0508621	Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, et	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State					6. Election Campaign Financing	\$5.00 May Be	
23 28			_		Trust Fund Contribution		
Z(p)	Country	Zφ	Counti	у	8. This corporation has liability for intar	8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30				
	9. Name and Address of (	Current Registered Agent			10. Name and Address of New Regist	ered Agent	
OA OIL, LLONILLO D				1 Name			
17545 N.W. 49TH COURT			a	82 Street Address (P.O. Box Number is Not Acceptable)			
0	OPA LOCKA FL 33055			Silver Address (1.0. Box Address is Not Acceptable)			
				3			
			_	<u> </u>	·	1001 2 : 001	
			84	4 City		FL 85 Zip Code	
11. Parsu	ant to the provisions of Sections 6	07 0502 and 607 1508 Florida	Statutes the above	ve-named co	orporation submits this statement for the purp	ose of changing its registered	
office	or registered agent, or both, in the	e State of Florida. Such change	was authorized t	by the corpor	ration's board of directors. I hereby accept th	e appointment as registered	
agent	. I am familiar with, and accept the	o obligations of, Section 607.05	05, Florida Statuti	9S	•		
SIGNATUR	RE		4.075 5			ATE	
12.	Signature "gradics printed harve of regist	RS AND DIRECTORS	(NOTE: Registered A	gent signature ret	quired when reinstaling) D ADDITIONS/CHANGES TO OFFICERS		
Mili	PD	DELE			ADDITIONS/OFFACES TO OFFICER	Change Addition	
	CAPOTE, LEONILES D					Unango LLI Adonon	
ATERENIAL ACTUAL			1.2 NAME				
STREET ADOPE	OPA LOCKA FL 33055			ET ADDRESS			
CHY-ST-7IP	VD VD		1.4 CITY				
7111.8	·	☐ DELE	TE 2.1 TITLE			Change Addition	
NAM:	CAPOTE, LUIS A		2.2 NAME		·		
STREET ADDRE	ss 4151 WEST 9TH COURT		2.3 STREI	ET ADDRESS		ļ	
CITY - \$1 - 70P	HIALEAH FL 33012		2. 4 CITY	-ST-ZIP			
101,5		☐ DELE	TE 3.1 TITLE			Change  Addition	
NAME			3.2 NAME	.			
STREET ADELES	88		3.3 STRE	ET ADDRESS			
Cify - \$1 - 2IP			3.4. C(TY	-ST-ZIP			
711tê		DELE	TE 4.1 TITLE			Change Addition	
NAME			4. 2 NAM	Ε			
STREET ADDIT	ess		4.3 STRE	ET ADDRESS			
C/14 - S1 - 7/P			4.4 CITY	·ST~ZIP			
11116		DELE		<del> </del>		Change Addition	
NAME			5.2 NAME			-	
STREET ADOLE	ess.			ET ADDRESS			
City - S1 - 7iP	1.00		5.4 CiTY-				
181F		☐ DELE		<del></del>		Change Addition	
ľ		_ ~~~				Same and the same and a same	
NAMI			6.2 NAME				
SEREET ADDRE	(55)			ET ADDRESS			
CHY S1 74P			6.4 CITY	ST-ZIP			

I do 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 project empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Bloc