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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90042 002 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000089042

1. Corporation Name
PECINA NURSERY, INC.



Principal Place of Business
21200 SW 368TH ST.
HOMESTEAD FL 33030

Mailing Address
21200 SW 368TH ST.
HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 20981 SW 376 St.		12/07/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0536317	
City & State		City & State		Applied For	
23		28 Homestead, FL.		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29 33034		30 USA	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax.	
25		30		Yes No	

9. Name and Address of Current Registered Agent

PECINA, JAVIER
1615 S.W. 8TH STREET
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name	Same
82 Street Address (P.O. Box Number is Not Acceptable)	20981 SW 376 St.
83	
84 City	Homestead
85 Zip Code	FL 33034

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	
NAME	PECINA, JAVIER	1.2 NAME	
STREET ADDRESS	1615 S.W. 8TH STREET	1.3 STREET ADDRESS	20981 SW 376 St.
CITY-ST-ZIP	HOMESTEAD FL 33030	1.4 CITY-ST-ZIP	Homestead, FL. 33034
TITLE	SVD	2.1 TITLE	
NAME	PECINA, ELISA	2.2 NAME	
STREET ADDRESS	1615 S.W. 8TH STREET	2.3 STREET ADDRESS	20981 SW 376 St.
CITY-ST-ZIP	HOMESTEAD FL 33030	2.4 CITY-ST-ZIP	Homestead, FL. 33034
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 attachment with an address, with all other like empowered.

SIGNATURE:

Elisa Pecina

1/8/99

305-246-1712

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