

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000002835 (3)

1. Corporation Name
GARDENIA, INC.

Principal Place of Business

2611 S.W. 3RD STREET
MIAMI FL 33125

Mailing Address

2611 S.W. 3RD STREET
MIAMI FL 33125



3. Date Incorporated or Qualified 01/11/1995
3a. Date of Last Report APR 27-96

2. Principal Place of Business
21 1717 N. BAYSHORE DR.
Suite, Apt. #, etc. #301
City & State MIAMI FLORIDA
Zip 33132 County DDA
22 1717 N. BAYSHORE DR.
Suite, Apt. #, etc. #301
City & State MIAMI FL
Zip 33132 Country USA

4. FEI Number 65-0602329
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

FORMAN, ROBERT S
2101 WEST COMMERCIAL BLVD.
SUITE 4100
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name RENZO MAIETTO
82 Street Address (P.O. Box Number is Not Acceptable) 1717 N. BAYSHORE DR. #2339
83 (FLORIDA RESIDENT)
84 City MIAMI FL 85 33132

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 *Renzo Maietto* RENZO MAIETTO 6/25/96 27/APR/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PRESIDENT AND DIRECTOR	RENZO MAIETTO	1717 N. BAYSHORE DR. #301	MIAMI FL 33132

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6/25/96 Day/Time Phone #