


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P95000020949 (0)</b> 1. Corporation Name <b>ARISTA LANDSCAPING, INC.</b>		

FILED

97 OCT -6 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** 97

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>3600 S. CONGRESS AVE. BOYNTON FL 33426</b>	Mailing Address <b>3600 S. CONGRESS AVE. BOYNTON FL 33426</b>
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2. Principal Place of Business 21 <b>151 N.W. 16<sup>th</sup> AVE</b> Suite, Apt. #, etc. 22 City & State 23 <b>DELRAY BEACH FL</b> Zip 24 <b>33444</b>		2a. Mailing Address 26 <b>90 COLONAN, JUAN + MARTIN</b> Suite, Apt. #, etc. 27 <b>7771 W. OAKLAND PK. BLVD.-201</b> City & State 28 <b>SUNRISE FL</b> Zip 29 <b>33351</b>		3. Date Incorporated or Qualified <b>03/15/1995</b>		3a. Date of Last Report <b>04/22/1996</b>	
Country 25 <b>PAH BAH</b>		Country 30 <b>GUWARD</b>		4. FEI Number <b>65-0565937</b>		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>AMERILAWYER 343 ALMERIA AVE. CORAL GABLES FL 33134</b>				10. Name and Address of New Registered Agent 81 Name <b>RONALD COLOMAN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>7771 W. OAKLAND PK. BLVD. - 201</b> 83 84 City <b>SUNRISE</b> FL 85 Zip Code <b>33351</b>			
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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]* DATE **9/26/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BINDEROW, HILBERT 3600 S. CONGRESS AVE - 151 N.W. 16 AVE. BOYNTON FL 33426 - DELRAY BEACH, FL.</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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]* DATE **9/26/97**

CR2E034 (4/97)