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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 18 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000031268 (2)

PLANT GROWTH WHOLESALERS, INC.

Principal Place of Business Mailing Address 21450 S.W. 232ND STREET 21450 B.W. 232ND STREET MIAMI FL 83170 MIAMI FL 33170-4830 3. Date Incorporated or Qualified 3a. Date of Last Report 04/14/1995 06/14/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0581616 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 🗌 Yes 📋 No 25 29 Ftorida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROBLEDO, ANTHONY 8180 N.W. 36TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33166 City 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, 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) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE **EVAGELINOS, LOURDES** NAME 1.2 NAME 21450 S.W. 232ND STREET STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33170** CITY-ST-ZIP 1.4 CITY-ST-7)P DELETE Change Addition TITLE 2.1 TITLE **EVAGELINOS, ANASTASIOS** NAME 2.2 NAME 21450 S.W. 232ND STREET STREET ADDRESS 2.3 STHEET ADDRESS **MIAMI FL 33170** CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHTY - ST - ZIP DELETE Change TITLE 4.1 11TLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 1111.6 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-\$1-2IP DELETE Change Addition TITLE 61 TITLE NAME .. 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 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 logal effect as if made under eath; 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