

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000032338 (2)

1. Corporation Name

IDEAL NURSERY, INC.



Principal Place of Business

1042 WEST 50TH PLACE
HIALEAH FL 33012

Mailing Address

1042 WEST 50TH PLACE
HIALEAH FL 33012

3. Date Incorporated or Qualified

04/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 19550 SW 120th St

26 PO BOX 661302

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI FL

28 MIAMI SPRINGS FL

24 Zip

Country

29 Zip

Country

33197

DADE

33266

DADE

4. FEI Number

☒ Applied For
☐ Not Applicable

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

RODRIGUEZ, JORGE L
1042 WEST 50TH PLACE
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name

Francisco DELA PAZ

82 Street Address (P.O. Box Number is Not Acceptable)

4805 NW 79th AVE #3

83

84 City

MIAMI FL

FL

85 Zip Code

33166

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 of registered agent and his/her title, if applicable.

Francisco Dela Paz

(NOTE: Registered Agent signature required when reinstating)

4/25/96

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D RODRIGUEZ, JORGE L
1042 WEST 50TH PLACE
HIALEAH FL 33012

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D GALAN, MANUEL P
6331 N.W. 198TH TERRACE
MIAMI FL 33015

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

V.S.D
JORGE L RODRIGUEZ
4805 NW 79th AVE #3
MIAMI FL 33166

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

P.T.D
MANUEL P GALAN
6331 NW 198th TERR.
MIAMI FL 33015

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

Jorge L Rodriguez

Date

Daytime Phone

4/25/96 477-0704

CR2E034 (12/95)