

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.)

FILED

Sep 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra D. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000032338 (2)

1. Corporation Name  
IDEAL NURSERY, INC.

Principal Place of Business

18550 SW 120TH ST  
MIAMI FL 33187  
US

Mailing Address

P. O. BOX 661302  
MIAMI FL 33266  
US

65-0777832

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
04/25/1995

3a. Date of Last Report  
05/01/1996

4. FEI Number

APPLIED FOR 65-0777832

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 12875 SW 199 AVE

Suite, Apt. #, etc.

22 City & State  
Miami - Florida

23 Zip  
33196

Country

2a. Mailing Address

26 12875 SW 199 AVE

Suite, Apt. #, etc.

27 City & State  
Miami - Florida

28 Zip  
33196

Country

9. Name and Address of Current Registered Agent

FRANCISCO DELAPAZ  
4805 NW 70TH AVENUE  
SUITE 3  
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name  
Francisco Dela Paz  
82 Street Address (P.O. Box Number is Not Acceptable)  
12875 SW 199 AVE  
83  
84 City  
Miami FL 85 Zip Code  
33196

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

| TITLE | NAME               | STREET ADDRESS          | CITY-ST-ZIP       | DELETE                              |
|-------|--------------------|-------------------------|-------------------|-------------------------------------|
| VSD   | JORGE L. RODRIGUEZ | 4805 NW 79TH AVENUE, #3 | MIAMI FL 33166    | <input checked="" type="checkbox"/> |
| PTD   | MANUEL P. GALAN    | 6331 N.W. 198TH TERRACE | MIAMI FL 33015    | <input type="checkbox"/>            |
| VSD   | Galan, Paul P.     | 18921 NW 97 circle      | Miami - Fla 33015 | <input type="checkbox"/>            |
|       |                    |                         |                   | <input type="checkbox"/>            |
|       |                    |                         |                   | <input type="checkbox"/>            |
|       |                    |                         |                   | <input type="checkbox"/>            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|-----------------|--------------------------|--------------------------|
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |

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

8/15/97

CR2E034 (4/97)