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Apr 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000069282 (8)

1. Corporation Name

J & J NURSERY CORPORATION

Principal Place of Business

20975 SW 236 STREET  
HOMESTEAD FL 33031

Mailing Address

20975 SW 236 STREET  
HOMESTEAD FL 33031-1043



2. Principal Place of Business

21 SAME

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

09/08/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0606765

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

TORRES, JOSE J  
20975 SW 236 STREET  
HOMESTEAD FL 33031

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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  
officer 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

JEOVANY TORRES

JERRY YAM

vice president

3-26-97

Signature, typed or printed name of registered agent and location of office

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME TORRES, JOSE J  
STREET ADDRESS 20975 SW 236 STREET  
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE VD ☐ DELETE

NAME TORRES, JEOVANY  
STREET ADDRESS 20975 SW 236 STREET  
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE SD ☐ DELETE

NAME TORRES, DIEGO  
STREET ADDRESS 20975 SW 236 STREET  
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE TD ☐ DELETE

NAME REIMONDEZ, JOSE  
STREET ADDRESS 20975 SW 236 STREET  
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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 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:

JERRY YAM

JEOVANY TORRES

U.P.

3-26-97

(305) 246-1035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)