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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000077996 (3)

CARIBE NURSERY CORP.

|21| 23270 S.W. 134 AVE.

Country

MURAI, WALD, BIONDO & MORENO, P.A.

25 U.S.A.

9. Name and Address of Current Registered Agent

23 GUULDS, FĻORIDA

Mailing Address

2a. Mailing Address

City & State

MIAMI,

Zin.

29 33175

Suite, Apt. #, etc.

26

28

900 INGRAHAM BLDG. 25 S.E. 2ND AVENUE MIAMI FL 33131

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

24 33170

900 INGRAHAM BLDG. 25 S.E. 2ND AVENUE MIAMI FL 33131

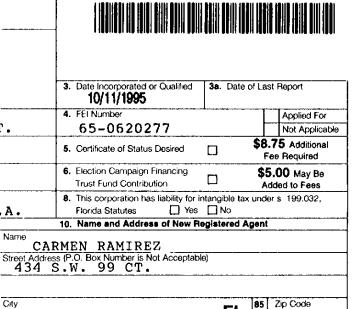
12100 S.W. 43 ST.

FLORIDA.

Country

30 U.S.A.

82



25 S.E. 2ND AVENUE SUITE 900 83 **MIAMI FL 33131** 64 City Zip Code 11. Pr Livant 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 agent, or both, in the State of Florida. Such changing the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with a property of Section 507.0505. Decide Statutes. Mallinoso men Willmund SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. V.P. Change ■ Addition DELETE TITLE 1.1 TITLE CARMEN RAMIREZ MARTINEZ, CARLOS E NAMi 1.2 NAME 14260 S.W. 119TH AVENUE 434 S.W. 99 CT. STREET ACORESS 1.3 STREET ADDRESS MIAMI FL 33186-6110 MIAMI, FL. 33174 CITY - S1 - ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change THELE 2 1 TITLE ☐ Addition S/T NAME 2.2 NAME EMILIO F. MARTINEZ 14260 S.W. 119 AVE. 2.3 STREET ADDRESS STREET LADDRESS MIAMI, FL. 33186 CITY ST-ZIP 2 4 City - St - ZiP [] DELETE 3 1 TITLE Change ■ Addition Tiller V.P. 3.2 NAMÉ NAME RAUL A. MARTINEZ 3.3. STREET ADDRESS STHEET ADDRESS 14260 S.W. 119 AVE. CITY ST-ZIP 3 4 CITY-ST-ZIP MIAMI, FL. 33186 Change Addition 4 1 TITLE THEF ASST. SEC. NAMÉ 4.2 NAME FERNANDO I. MARTINEZ 4.3 STREET ADDRESS STREET ADDRESS 14260 S.W. 119 AVE. 4.4 CITY-ST-ZIP CITY ST-ZIP MIAMI, FL. 33186 DELETE ☐ Change ■ Addition 11"LE 5 1 TITLE V.P. NAM5 5 2 NAME EMILIO J. MARTINEZ 5 3 STREET_ADDRESS 200001744542 STREET ADDRESS 14260 S.W. 119 AVE. -03/15/96--01042--039 5 4 CITY-ST-ZIP C.TY-ST-ZP MIAMI, FL. 33186-Addition TILLE DELETE 6 1 TITLE ***200.00 Change V.P. NAME 6 2 NAME CARLOS RAMIREZ 6.3 STREET ADDRESS STREET ADDRESS 434 S.W. 99 CT. MIAMI, FL. 33174 CHY ST ZE 6 4 CITY-ST-ZIP

14. Too 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 3 if changed, or on an attachment with an address.

SIGNATURE:

CONTROL OF PRINTED NAME OF SIGNING OFFICER SANDIRECTOR

amen Raminer 3/11

- Q

(12/95)

CR2E034