

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 # P95000077996 (3)

1. Corporation Name

CARIBE NURSERY CORP.



Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified  
10/11/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 23270 S.W. 134 AVE.  
Suite, Apt. #, etc.

26 12100 S.W. 43 ST.  
Suite, Apt. #, etc.

4. FEI Number

65-0620277

Applied For

Not Applicable

22 City & State

23 GOULDS, FLORIDA.

27 City & State

28 MIAMI, FLORIDA.

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

24 33170

25 U.S.A.

29 33175

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURAI, WALD, BIONDO & MORENO, P.A.  
25 S.E. 2ND AVENUE  
SUITE 900  
MIAMI FL 33131

81 Name

CARMEN RAMIREZ

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

434 S.W. 99 CT.

83

84 City

MIAMI,

FL

85 Zip Code

33174

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

*Carmen Ramirez*

(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	P	<input type="checkbox"/> DELETE
NAME	MARTINEZ, CARLOS E	
STREET ADDRESS	14260 S.W. 119TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33186-6110	
TITLE	S/T	<input type="checkbox"/> DELETE
NAME	EMILIO F. MARTINEZ	
STREET ADDRESS	14260 S.W. 119 AVE.	
CITY-ST-ZIP	MIAMI, FL. 33186	
TITLE	V.P.	<input type="checkbox"/> DELETE
NAME	RAUL A. MARTINEZ	
STREET ADDRESS	14260 S.W. 119 AVE.	
CITY-ST-ZIP	MIAMI, FL. 33186	
TITLE	ASST. SEC.	<input type="checkbox"/> DELETE
NAME	FERNANDO I. MARTINEZ	
STREET ADDRESS	14260 S.W. 119 AVE.	
CITY-ST-ZIP	MIAMI, FL. 33186	
TITLE	V.P.	<input type="checkbox"/> DELETE
NAME	EMILIO J. MARTINEZ	
STREET ADDRESS	14260 S.W. 119 AVE.	
CITY-ST-ZIP	MIAMI, FL. 33186	
TITLE	V.P.	<input type="checkbox"/> DELETE
NAME	CARLOS RAMIREZ	
STREET ADDRESS	434 S.W. 99 CT.	
CITY-ST-ZIP	MIAMI, FL. 33174	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARMEN RAMIREZ	
1.3 STREET ADDRESS	434 S.W. 99 CT.	
1.4 CITY-ST-ZIP	MIAMI, FL. 33174	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

200001744542  
-03/15/96--01042--039  
\*\*\*200.00

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:

*Carmen Ramirez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

3/11/96

CR2E034 (12/95)