

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 14 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000077996 (3)**

1. Corporation Name  
**CARIBE NURSERY CORP.**



Principal Place of Business 23270 S.W. 134 AVE GOULDS FL 33170	Mailing Address 12100 S.W. 43 ST MIAMI FL 33175-4208
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3. Date Incorporated or Qualified <b>10/11/1995</b>	3a. Date of Last Report <b>03/14/1996</b>
4. FEI Number <b>65-0620277</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**RAMIREZ, CARMEN**  
434 S.W. 99 CT  
SUITE 900  
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTINEZ, CARLOS E</b>	
STREET ADDRESS	<b>14260 S.W. 119TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186-6110</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>RAMIREZ, CARMEN</b>	
STREET ADDRESS	<b>434 S.W. 99 CT.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33174</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTINEZ, EMILIO</b>	
STREET ADDRESS	<b>14260 S.W. 119 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTINEZ, RAUL A</b>	
STREET ADDRESS	<b>14260 S.W. 119 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTINEZ, FERNANDO I</b>	
STREET ADDRESS	<b>14260 S.W. 119 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTINEZ, EMILIO J</b>	
STREET ADDRESS	<b>14260 S.W. 119 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	

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.

CR2E034 (9/96)