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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000082185

MARHE	RO & SON NURSERY, INC.				 		
Principal Plac	ce of Business	Mailing Address	-				
6490 SW 130 AVENUE APT 4 6490 SW 130 AVENUE APT MIAMI FL 33183 MIAMI FL 33183			4				
		•	•			E IN THIS SPACE	
					3. Date Incorporated or Qualifed 10/26/1995		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	- Ar	plied For
21		26			65-0670177		ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	·		5. Certificate of Status Desired	1 1 '	Additional equired
City & Sta	ate:	City & State			6. Election Campaign Financing	\$5.00	·
23		28			Trust Fund Contribution		May Be to Fees
Zip 24	Country 25	Zip 29	Country 30		This corporation owes the curre Personal Property Tax.	nt year Intangible	No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agent	71
MAF	RRERO, GERARDO			Name			
649	0 SW 130 AVENUE APT 4		82	Street Addre	ess (P.O. Box Number is Not Acceptat	ole) Storica and a second	· · · · · · · · · · · · · · · · · · ·
· MIA	MI FL 33183		83		1. 建铁铁矿		11.5
			84	City	1 1 14 11 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1	85 Zip (Code 1
11 Pursuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statute	es the above-	named corno	oration submits this statement for the r	FL of changing its	
agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation	r Florida. Such change was au	Jinorizea by th	he corporation	n's board of directors. I hereby accept	the appointment as re	gistered
· · · · onice or	registered agent, or both, in the State of am familiar with, and accept the obligation	ons of, Section 607.0505, Flor	Jinorized by the ida Statutes.	ne corporation	n's board of directors. I hereby accept	the appointment as re	gistered
SIGNATURE	registered agent, or both, in the State of arm familiar with, and accept the obligation of the state of the s	and title if applicable. NOTE:	Jinorized by the ida Statutes.	ne corporation	n's board of directors, I hereby accept	DATE	RS IN 12
SIGNATURE 12.	registered agent, or both, in the State of am familiar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS AND PD	ons of, Section 607.0505, Flor and title if applicable. (NOTE:	Ithorized by the ida Statutes. Registered Agent s	ne corporation	n's board of directors. I hereby accept	DATE	gistered
SIGNATURE 12. TITLE NAME	registered agent, or both, in the state of am familiar with, and accept the obligation of the state of am familiar with, and accept the obligation of the state o	and title if applicable. NOTE:	Registered Agent s 13. 1.1 TITLE 1.2 NAME	ne corporation	when reinstating); ADDITIONS/CHANGES TO OFF	DATE CERS AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the state of am familiar with, and accept the obligation of the state of am familiar with, and accept the obligation of the state o	and title if applicable. NOTE:	Registered Agent s 13. 1.1 TITLE 1.2 NAME 1.3 STREET A	signature required	when reinstating); ADDITIONS/CHANGES TO OFF	DATE CERS AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the state of am familiar with, and accept the obligation of registered agent of the obligation of registered agent of the obligation of registered agent of the obligation of the ob	in Florida. Such change was at ons of, Section 607,0505, Flor and title if applicable. (NOTE: DIRECTORS	Registered Agent s 1.3. 1.1 TITLE 1.2 NAME 1.3 STREET AI 1.4 CITY-ST-2	signature required	when reinstating); ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTO	PRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the state of am familiar with, and accept the obligation of registered agent OFFICERS AND PD MARRERO, GERARDO 6490 SW 130 AVENUE APT 4 MIAMI FL 33183 SD	and title if applicable. NOTE:	Registered Agent s 13. 1.1 TITLE 1.2 NAME 1.3 STREET AI 1.4 CITY-ST-2 2.1 TITLE	signature required	when reinstating); ADDITIONS/CHANGES TO OFF	DATE CERS AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the state of am familiar with, and accept the obligation of the state of am familiar with, and accept the obligation of the state of a manufacture. Signature, typed or printed name of registered agent OFFICERS AND MARRERO, GERARDO MARRERO, GERARDO MARRERO, NORMA L	in Florida. Such change was at ons of, Section 607,0505, Flor and title if applicable. (NOTE: DIRECTORS	Registered Agent s 1.3. 1.1 TITLE 1.2 NAME 1.3 STREET AI 1.4 CITY-ST-2	signature required ODRESS	when reinstating); ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTO	PRS IN 12
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14. I 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 appectment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90035 012 ***150.00

☐ Addition

☐ Change