FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 OCT 30 AM 11:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000000614

1. Corporation Name

BOTANICA MAMA-CHOLA, INC.

Principal Place of Business	Mailing Address
18922 SW 114 Avenue Miami, Florida 33157	12600 SW 25 Terrace Miami, Florida 33175

3. Date Incorporated or Qualified: 01/03/96
3a. Date of Last Report: n/a

2. Principal Place of Business	2a. Mailing Address
21 18922 SW 114 Avenue	26 12600 SW 25 Terrace
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, Florida	28 City & State: Miami, Florida
24 Zip: 33157 / 25 Country	29 Zip: 33175 / 30 Country

4. FEI Number: 65-0631749 ☐ 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	10. Name and Address of New Registered Agent
PSD CASTILLO, REBECA 12214 SW 205 TERRACE MIAMI, FLORIDA 33177	81 Name: ELENA CARO 82 Street Address (P.O. Box Number is Not Acceptable): 12600 SW 29 TERRACE 83 84 City: MIAMI FL 85 Zip Code: 33175

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 X _____ 10-19-97
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD CASTILLO, REBECA 12214 SW 205 TERRACE-Miami, FL 33177	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PSTD CARO, ELENA 12600 SW 25 TERRACE Miami, FL 33175	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VID MARRERO, RAUL 12214 SW 205 TERRACE MIAMI, FL 33177	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V-P A-S D ACOSTA, JORGE L. 12600 SW 25 TERRACE Miami, Fl 33175	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	900002335579---6 -10/31/97--01109---001 ****550.00 ****550.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	AD	☐ Change ☐ Addition

CR2E034 (9/96)

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: _____ 9-15-97 (305) 263-9590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #