

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90010 008 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000017519

1. Corporation Name

BOTANICAL SERENICARE INC.

Principal Place of Business

1450 BRICKELL BAY DRIVE
MIAMI FL 33131
US

Mailing Address

1450 BRICKELL BAY DRIVE
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1996

4. FEI Number

65-0663495

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 owes the current year
Intangible Personal Property.

☐

Yes ☐ No

2. Principal Place of Business

21 1450 Brickell Bay Dr.

2a. Mailing Address

26 1450 Brickell Bay Dr.

Suite, Apt. #, etc.

22 Suite 1605

Suite, Apt. #, etc.

27 Suite 1605

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33131

Country

25 US

Zip

29 33131

Country

30 US

9. Name and Address of Current Registered Agent

RIOS, MIRENE

1450 S.E. BAYSHORE DRIVE, SUITE 1605

MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

RIOS, MIRENE

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

1450 BRICKELL BAY DR.

SUITE 1605

83 City

MIAMI

FL

85 Zip Code

33131

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

Mirene Rios

Registered Agent

7/31/99

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 ☐ DELETE

NAME D PAIVA, DIEGO

STREET ADDRESS 1450 SE BAYSHORE DR SUITE 1605

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME D PAIVA, MARTIN

STREET ADDRESS 1450 SE BAYSHORE DR SUITE 1605

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D PAIVA, DIEGO

1.3 STREET ADDRESS 1450 BRICKELL BAY DR SUITE 1605

1.4 CITY-ST-ZIP MIAMI, FL 33131

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D PAIVA, MARTIN

2.3 STREET ADDRESS 1450 BRICKELL BAY DR SUITE 1605

2.4 CITY-ST-ZIP MIAMI, FL 33131

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 attachment with an address.

SIGNATURE:

Mirene Rios

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/99 305-371-3327

Date


Daytime Phone #

CR2E034 (5/99)

ADDITIONAL PG.

Doc# P96000017519
602435900108

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

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # [REDACTED] (5)			
1. Corporation Name BOTANICAL SERENICARE INC.			
Principal Place of Business 1450 S.E. BAYSHORE DRIVE, SUITE 1605 MIAMI FL 33131		Mailing Address 1450 S.E. BAYSHORE DRIVE, SUITE 1605 MIAMI FL 33131	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 1450 BRICKELL BAY DRIVE		2a. Mailing Address 26 1450 BRICKELL BAY DRIVE	
22 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country		27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country	
3. Date incorporated or Qualified 02/23/1996		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent RIOS, MIRENE 1450 S.E. BAYSHORE DRIVE, SUITE 1605 MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 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 _____ (Signature, typed 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 '92	
TITLE D <input type="checkbox"/> DELETE NAME PAIVA, DIEGO STREET ADDRESS 1450 SE BAYSHORE DR SUITE 1605 CITY-ST-ZIP MIAMI FL		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME PAIVA, MARTIN STREET ADDRESS 1450 SE BAYSHORE DR SUITE 1605 CITY-ST-ZIP MIAMI FL		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

MIRENE RIOS OR
DIEGO PAIVA
1450 BRICKELL BAY DRIVE APT. 1605
MIAMI, FL 33131

185
 63-398/670
 88

PAY TO THE ORDER OF Florida Department of State, Division of Corporations \$ 150.00
one hundred fifty only DOLLARS

Barnett 837-088
 250 Crandon Boulevard
 Key Biscayne, Florida 33149

FOR Botanical Serenicare, Inc. Mirene Rios
 106 700398 510 185 146540947511

14. I hereby certify that the information supplied 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 or on an attachment with an address.

CD2435-90010-8
P96000017519

To: Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Date: July 31, 1999

From: Mirene Rios, President
Botanical Serenicare Inc.
1450 Brickell Bay Dr Suite, 1605
Miami, FL 33131

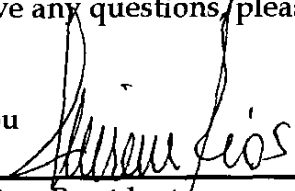
To whom it may concern,

Please find attached the Florida Corporate Annual Report for 1999; note the address it was sent to did not include a suite number therefore the form was not file on time because it was not received. The amount enclosed is \$150 because it was no fault of the corporation that this form was not received on time.

Also attached is a copy of the 1998 Annual report indicating the address change but not the Suite.

If you have any questions, please do not hesitate to call me at 305-371-3327

Thank You



Mirene Rios, President