

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

PROFIT CORPORATION ANNUAL REPORT 1994	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 896000050674

1. Corporation Name

CARA NURSERIES S.E. INC.

Principal Place of Business

Mailing Address

3300 HENDERSON BLVD
TAMPA, FL 33604

2060 LINDEN BLVD.
ELMONT, NY 11003

2. Principal Place of Business	2a. Mailing Address
21 3300 HENDERSON BLVD	26 2060 LINDEN BLVD.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State TAMPA, FL	28 City & State ELMONT, NY
24 Zip 33604	29 Zip 11003
Country USA	Country USA

3. Date Incorporated or Qualified	3a. Date of Last Report
JUNE 11, 1996	MAY 1, 1997
4. FEI Number	Applied For
59-3383531	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Joseph Shahum
3209 W. MORRISON AVE.
Tampa, FL 33629

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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

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 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH SHAHUM	1.2 NAME	
STREET ADDRESS	3209 W. MORRISON AVENUE	1.3 STREET ADDRESS	900002477065 -- 6
CITY - ST - ZIP	TAMPA, FL 33629	1.4 CITY - ST - ZIP	-04/02/98 -- 01075--028
TITLE	CEO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH SR. CARACCILO	2.2 NAME	
STREET ADDRESS	2060 LINDEN BOULEVARD	2.3 STREET ADDRESS	
CITY - ST - ZIP	ELMONT, NEW YORK 11003	2.4 CITY - ST - ZIP	
TITLE	TREAS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHERINE CARACCILO	3.2 NAME	
STREET ADDRESS	2060 LINDEN BOULEVARD	3.3 STREET ADDRESS	
CITY - ST - ZIP	ELMONT, NEW YORK 11003	3.4 CITY - ST - ZIP	
TITLE	SEC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH A. CARACCILO	4.2 NAME	
STREET ADDRESS	2060 LINDEN BOULEVARD	4.3 STREET ADDRESS	
CITY - ST - ZIP	ELMONT, NEW YORK 11003	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE:

Joseph A. Caracciolo Pres.

3/13/98

516-285-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #