

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 96000058017

1. Corporation Name
EDEN GARDENS OF MIAMI CORPORATION

Principal Place of Business 13347 SW 36TH STREET MIAMI FLORIDA 33175	Mailing Address 13347 SW 36 ST MIAMI, FL 33175
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3. Date Incorporated or Qualified 07/10/96		3a. Date of Last Report ----	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0686300	Applied For ☐ Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23. Zip	28. Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent JUAN RENE CARO SR. 13347 SW 36 ST MIAMI FL 33175		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME JUAN RENE CARO SR		1.2 NAME	
STREET ADDRESS 13347 SW 36 ST		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33175		1.4 CITY-ST-ZIP	
TITLE TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME JOSE FREIRE		2.2 NAME	
STREET ADDRESS 4219 SW 75 AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33155		2.4 CITY-ST-ZIP	
TITLE SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME TERESITA CARO		3.2 NAME	
STREET ADDRESS 13347 SW 36 ST		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33175		3.4 CITY-ST-ZIP	
TITLE VS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME ANA FREIRE		4.2 NAME	
STREET ADDRESS 4219 SW 75 AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL33155		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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: *[Signature]* **PRESIDENT** 5/15/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)