

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 CORPORATIONS

FILED
May 09 1997 8:00am
Secretary of State

DOCUMENT # P96000083386 (8)

1. Corporation Name

PARADISE LANDSCAPE OF SOUTHEAST FLORIDA, INC.



Principal Place of Business

6003 SOUTHEAST SEVENTH STREET
MIAMI FL 33134

Mailing Address

5003 SOUTHEAST SEVENTH STREET
MIAMI FL 33134-1379

2. Principal Place of Business

21 5003 S.W. 7 STREET
Suite, Apt. #, etc.

22 City & State
MIAMI FL 33134

23 Zip 33134 Country U.S.A.

24 33134 25 33134 26 33134 27 33134 28 33134 29 33134 30 U.S.A.

2a. Mailing Address

26 5003 S.W. 7 ST
Suite, Apt. #, etc.

27 City & State
MIAMI FL

28 Zip 33134 Country U.S.A.

29 33134 30 U.S.A.

3. Date Incorporated or Qualified
10/04/1996

3a. Date of Last Report

4. FEI Number
N/A FOR APPLIED

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

ALVARO ANTONIO ARGOMANIZ
5003 SOUTHEAST SEVENTH STREET
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83 5003 S.W. 7 STREET

84 City MIAMI

FL

85 Zip Code 33134

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)

4/24/97

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PRES ALVARO ANTONIO ARGOMANIZ
5003 S.W. 7 ST.
MIAMI FL 33134

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, 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, on an attachment with an address.

SIGNATURE ALVARO ARGOMANIZ 4/24/97

CR2E034 (9/96)