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

P96000089975 (2) DOCUMENT #

AMAZONIA ORCHIDS, INC.

FILED Apr 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 17899 SW 290TH ST. 17899 SW 290TH ST. HOMESTEAD FL 33032 HOMESTEAD FL 33032						
110						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 11/01/1996
2. Principal P	Place of Business	2a. Mailing A	2a. Mailing Address 26			4. FEI Number Applied For 65-0703459 Not Applicable
Suite, Apt.	#, etc.	Suite, Ar	Suite, Apt. #, etc.			60.75 4440
22		27				5. Certificate of Status Desired Fee Required
City & Stat	0	City & St	late			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	-	_ Country	'	8. This corporation owes or has paid the current year Intangible
24	25	[29]	30	<u> </u>		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr	ent Hegistered Age	ent	81	Name	10. Name and Address of New Registered Agent
	NHIZ, CARLOS			61	Ivanie	,
17899 SW 280TH ST.				82	Street	Address (P.O. Box Number is Not Acceptable)
н	DMESTEAD FL 33032			83	ļ. <u>.</u>	
				03		
				84	City	85 Zip Code
						FL FL FL FL FL FL FL FL
11. Pursuant office or r	to the provisions of Sections 607.0 realstered agent, or both, in the Sta	1502 and 607.1508, F ate of Florida, Such r	Florida Statules chanoe was aut	, the abovi horized bi	e-named 7 the cor	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
	im familiar with, and accept the ob					,
SIGNATURE	5 					
10	Signature, typed or printed name of registered	agent and title if applicable. AND DIRECTORS	(NOTE: F	legistered Age	rutengia tre	re required when reinstating) DATE ADDITIONS (CLANICES TO OFFICERS AND DIRECTORS IN 18
12.	OFFICERS A		DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change X Addition
NAME	CAHIZ, CARLOS	L	7 000010	1.2 NAME		Sales manager
	17899 SW 280TH ST.				ADDOCCC	KEVIN FOLLIARD
STREET ADDRESS	HOMESTEAD FL 33032			1.3 STREET		17899 S.W. 280th Street
CITY-ST-ZIP	DV DV		DELETE	1.4 CITY - 9 2.1 TITLE	II - ZIP	Homestead, FL 33032 Change Addition
	CAHIZ, CARLOS A	L	_ Detert			Change Radition
NAME	17899 SW 280TH ST.			2.2 NAME	1000000	
STREET ADDRESS	HOMESTEAD FL 33032			2.3 STREET		
CITY-ST-ZIP TITLE	DS DS		DELETE	2. 4 CITY - I 3.1 TITLE	SI-ZIP	Change Addition
	CAHIZ, CRISTIAN J	L.				C Grange C Audition
NAME PROTET ADDRESS	17899 SW 280TH ST.			3.2 NAME	*DDD500	
STREET ADDRESS	HOMESTEAD FL 33032			3.3 STREET		
CITY-ST-ZIP TITLE	DT DT	Г	DELETE	3.4. CITY - 3 4.1 TITLE	51 - ZiP	Change Addition
NAME	CAHIZ, AXEL H	L	J 011111	4.1 THE		C overally C Vandami
STREET ADDRESS	17899 SW 280TH ST.			4.2 NAME	ANODERR	
	HOMESTEAD FL 33032					
CITY-ST-ZIP TITLE	**************************************	Г	DELETE	4.4 CITY - S 5.1 TITLE	1- 211'	Change Addition
NAME		L	J. Deterie	5.1 HILE 5.2 NAME		The country of Manuals
STREET ADDRESS				5.3 STREET	ADDRESS	
CITY-ST-ZIP TITLE		Т	DELETE	5.4 CITY - S 6.1 TITLE	1-211	Change Addition
NAME		L	J 000016	6.2 NAME		Change Rudhiton
					ADDOCCO	
STREET ADDRESS				6.3 STREET		
CiTY-ST-ZiP	and the that the information available	t with this filing does	not qualify for t	6.4 CITY-S		led in Section 119.07(3)(i) Florida Statutes, I further certify that the information

indicated on this annual report or supplied with an 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.