

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Jul 13, 1999 8:00 am  
Secretary of State

07-13-1999 90004 033 \*\*\*150.00

DOCUMENT # P96000089975

1. Corporation Name  
AMAZONIA ORCHIDS, INC.

Principal Place of Business  
7899 SW 280TH ST.  
HOMESTEAD FL 33032

Mailing Address  
17899 SW 280TH ST.  
HOMESTEAD FL 33032



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1996

4. FEI Number

65-0703459

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 Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAHAZ, CARLOS  
17899 SW 280TH ST.  
HOMESTEAD FL 33032

81 Name

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

83

84 City

FL

85 Zip Code

1. 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

2. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

LE	DP	<input type="checkbox"/> DELETE
ME	CAHAZ, CARLOS	
REET ADDRESS	17899 SW 280TH ST.	
Y-ST-ZIP	HOMESTEAD FL 33032	
LE	DV	<input type="checkbox"/> DELETE
ME	CAHAZ, CARLOS A	
REET ADDRESS	17899 SW 280TH ST.	
Y-ST-ZIP	HOMESTEAD FL 33032	
LE	DS	<input type="checkbox"/> DELETE
ME	CAHAZ, CRISTIAN J	
REET ADDRESS	17899 SW 280TH ST.	
Y-ST-ZIP	HOMESTEAD FL 33032	
LE	DT	<input type="checkbox"/> DELETE
ME	CAHAZ, AXEL H	
REET ADDRESS	17899 SW 280TH ST.	
Y-ST-ZIP	HOMESTEAD FL 33032	
LE	SM	<input type="checkbox"/> DELETE
ME	FOLLIARD, KEVIN	
REET ADDRESS	17899 SW 280TH STREET	
Y-ST-ZIP	HOMESTEAD FL 33032	
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

305-253-7080

Daytime Phone #

CR2E034 (11/98)