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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90015 007 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000047909 1. Corporation Name

STREET ADDRESS

LOVER GREEN NURSERY INC.

					·				
Principal Plac	e of Business	Mailing Address					141 88111 84111		
20900 SW 232 STREET 20900 SW 232 STREET MIAMI FL 33170 MIAMI FL 33170						DO NOT WRI	re in This	SPACE	
						3. Date Incorporated or Qualifed	E IN THIS	- SI AUL	
						05/30/1997			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26			1	65-0756452		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	
22		27					 	Fee Re	
City & Stat	ė	City & State		,		6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Žip	Country	Zip	Cou	ıntry		8. This corporation owes the curr	ent year in	tangible	
24	25	29	30			Personal Property Tax.		Yes	□No
<u> </u>	9. Name and Address of Cur			Ц,		10. Name and Address of New I	Registered	Agent	
		Maria Villa Company		81	Name				
	Z, JUANA T	os.		82	Street Addre	ss (P.O. Box Number is Not Accepta	able)		
	00 SW 232 STREET						-0 - 1-13	And the Standard	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
MIAI	MI FL 33170			83	•				
				84	City		FL	85 Zip (
44 Directant	to the provisions of Sections 607.	0502 and 607 1508. Florida Statu	tes. the a	bove	e-named corpo	ration submits this statement for the	purpose of	changing its	registered
office or i	registered agent, or both, in the Starm familiar with, and accept the ob	ate of Florida. Such change was a	aumonzeo	ตอง	the corporation	n's board of directors. I hereby acce	ot the appo		gistered
-	im familiar with; and accept the ob-	ligations of, Section 607.0505, Fix	onua Stat	uics	•	a said the said		1.	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOT	E: Registered	d Agen	t signature required	when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO	RS IN 12
TITLE	PD	☐ DELEŢE	1,1 TI	MLE		11 19 1			
NAME	DIAZ, JUANA T	7 44			ļ	The state of the s		Change	Addition
STREET ADDRESS			1.2 N	AME	7	ું કોલિક કહે. જ			
CITY-ST-ZIP					ADDRESS	्रो क्यें किश्वस्था व			
TITLE	MIAMI FL 33170		1.3 S	TREET	ł			☐ Change	Addition
	STD	☐ DELETE	1.3 S 1.4 C 2.1 Ti	TREET HTY-SI	ł	ું ને જિલ્લો			
NAME ,	STD GARCIA, AIDA M	☐ DELETE	1.3 S	TREET HTY-SI	ł		,	☐ Change	Addition
NAME , STREET ADDRESS	STD GARCIA, AIDA M 20900 SW 232 STREET	☐ DELETE	1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S	TREET TITY-ST TILE: IAME TREET	T-ZIP			☐ Change	Addition
	STD GARCIA, AIDA M		1.3 S 1.4 Cl 2.1 Tl 2.2 N 2.3 S 2.4 C	TREET TITE: IAME TREET CITY-S	T-ZIP		,	☐ Change	☐ Addition
STREET ADDRESS	STD GARCIA, AIDA M 20900 SW 232 STREET MIAMI FL 33170	☐ DELETE	1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI	TREET TITLE TREET TREET TREET TREET	T-ZIP			☐ Change	Addition
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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.

6.3 STREET ADDRESS