FILE ... AT ...

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 15 1997 8:00am
Secretary of State

DOCUMENT # S06443

1. Corporation Name

VISTA NURSERY, INC.

Principal Place of Business
18100 S.W. 248th St.
Miami, Fl. 33031
USA

Mailing Address

3. Date Incorporated or Qualified: 10/17/1990
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26: c/o Ernesto Sanchez P.A.
814 Ponce de Leon Blvd.(505)

4. FEI Number: 65-0222337 — Applied For / Not Applicable

22 Suite, Apt. #, etc.:
27 Suite, Apt. #, etc.: Suite 505

5. Certificate of Status Desired: x — $8.75 Additional Fee Required

23 City & State:
28 City & State: Coral Gables, FL

6. Election Campaign Financing Trust Fund Contribution: ☐ — $5.00 May Be Added to Fees

24 Zip:
25 Country:
29 Zip: 33134
30 Country: USA

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No

8. Name and Address of Current Registered Agent

SANCHEZ P.A., ERNESTO
814 Ponce de Leon Blvd. Suite 505
Coral Gables, FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD Serrano, Jesus E. 4580 Prairie Avenue Miami Beach, FL 33140	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD Serrano, Alicia P. 4580 Prairie Avenue Miami Beach, FL 33140	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VTS Serrano, Jorge A. 18220 S.W. 200th Street Miami, Fl. 33187	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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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: _____ 4/18/97 (305) 635-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number