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

DOCUMENT # \$40997

(6)

FILED Jan 29 1997 8:00am Secretary of State

DEL SOI Principal Place 18601 S.W. 177 MIAMI FL 3318	L NURSERY, INC. e of Business ITH AVENUE	Mailing Address 18601 S.W. 177TH AVE MIAMI FL 33187-2001	NUE		
				3. Date Incorporated or Qualified 03/27/1991	3a. Date of Last Report 03/19/1996
¬ `	ace of Business	2a. Mailing Address		4. FEI Number 65-0257098	Applied For Not Applicable
Suite, Apt. +	#, etc.	26 Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
4	25	29	30	Florida Statutes	Yes No
	Name and Address of CurreA, JULIAN	nt Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	IIAMI BEACH FL 33180 to the provisions of Sections 607.05t egistered agent, or both, in the State	02 and 607.1508, Florida Ste e of Florida. Such change w	84 City satutes, the above-named cas authorized by the corpo	orporation submits this statement for the praction's board of directors. I hereby accept	FL 85 Zip Code surpose of changing its registered of the appointment as registered
SIGNATURE.	Signature, typied or printed name of registered as	PRESIDENT			DATE
NAME STREET ADDRESS CITY-ST-ZIP	P MESA, JULIAN 20281 E. COUNTRY CLUB N. MIAMI BEACH FL	DELETE .	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Change Addition
ITLE	V	DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME Street address	MESA, MARIA ELENA 20281 E. COUNTRY CLUB N. MIAMI BEACH FL		2.2 NAME 2.3 STREET ADDRESS		
HTY-ST-ZIP ITLE	(1. INPANI DENOTITE	DELETE	2.4 City-ST-ZIP 3.1 Title		☐ Change ☐ Additio
AME TREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
ITY-ST-ZIP ITLE		☐ DELETE	3.4. CftY~ST~ZiP 4.1 Title		Change Additio
AME			4. 2 NAME 4.3 STREET ADDRESS		
TREET ADDRESS ITY - ST - ZIP			4.4 CITY - ST-ZIP		
itle Iame Treet address		DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		[_] Change Additio
ITY-ST-ZIP ITLE AME		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		☐ Change ☐ Additio

r oo 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 angual 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 of trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed an on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR