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

## **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT #** (7)

## **FILED** Apr 27 1998 8:00am Secretary of State

| VNLIMI                   | TED IMPORTS OF PLANTA  | TION INC.   |   |   |                                 |
|--------------------------|--|---|---|---|---------------------------------|
| Principal Plac           | a of Business  | Mailing Address   |   |   | JI 01811 91811 91811 91811 1881 |
|                          |  |   |   |   |                                 |
| SUITE F-8                |  | 2061 SW 70TH AVE.<br>Suite F-8  |   |   |                                 |
| DAVIE FL 333             | 917  | DAVIE FL 33317  |   | DO NOT WRITE IN THIS  | SPACE                           |
| US                       |  | US  |   | 3. Date Incorporated or Qualified   |                                 |
| 9 Principal P            | lace of Business   | 2a. Mailing Address   |   | 04/23/1991<br>4. FEI Number   | A - P - i C - i                 |
| <del></del>              |  | 26. Maining Address   |   | 65-0256548  | Applied For Not Applicable      |
| Suite, Apt. #, etc.      |  | Suite, Apt. #, etc.   |   |   | \$8.75 Additional               |
| 22                       |  | 27  |   | 5. Certificate of Status Desired  | Fee Required                    |
| City & State             |  | City & State  |   | 6. Election Campaign Financing  | \$5.00 May Be                   |
| 23                       |  | 28  | ·γ  | Trust Fund Contribution   | Added to Fees                   |
| Zip<br>24                | Country  | Zip   | Country   | 8. This corporation owes or has paid the co   |                                 |
| 24                       | 25  <br>9. Name and Address of Currer  | 29  <br>nl Registered Agent   | 30  | Personal Property Tax due June 30.  10. Name and Address of New Registered                              | Yes No                          |
| HO                       | YOS, LUIS  | Trogististed Agent  | 81 Name   | 10. Numb and Address of Non Flogratere  | Agont                           |
|                          | 10 NW 1 STREET 980   | TO HTO FWA CT   | 20 0  | 700 B   |                                 |
|                          | -  | ARAC, FLA 33321   | 82 Street A                                       | ddress (P.O. Box Number is Not Acceptable)  |                                 |
|                          | •  | ,   | 83  |   |                                 |
|                          |  |   | 84 City   |   | 85 Zip Code                     |
|                          |  |   |   | FI  | _   '   '                       |
| 11. Pursuant office or r | to the provisions of Sections 607,050<br>egistered agent, or both, in the State  | 02 and 607.1508, Florida <b>Sta</b> tut<br>e of Florida. Such chan <b>ge wa</b> s | tes, the above-named o<br>authorized by the coroo | corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap | of changing its registered      |
| agent. I a               | m lamiliar with, and accept the oblig  | ations of, Section 607.0505, FI   | orida Statutes.                                   |   | pontanent ze registere          |
| SIGNATURE                | Signature, typed or printed hance of registered ago  | ent and tile it arrowable (NO)  | L: Registered Agent signature re                  | equited when reinstating) DATE  |                                 |
| 12.                      | OFFICERS AN  | ID DIRECTORS  | 13.   | ADDITIONS/CHANGES TO OFFICERS AN  | ID DIRECTORS IN 12              |
| TITLE                    | PTD  | ☐ DELET <b>E</b>  | 1.1 TITLE   |   | Change Addition                 |
| NAME                     | HOYOS, LUIS  | _   | 1.2 NAME .  |   |                                 |
| STREET ADDRESS           | 2061 SW 70TH AVE., STE. F  | -8  | 1.3 STREET ADDRESS                                |   |                                 |
| CITY-ST-ZIP              | DAVIE FL   | Driete  | 1.4 CITY - ST - ZIP                               |   | D Observe D Addition            |
| TITLE<br>NAME            | :<br>  | DELETE  | 2.1 TITLE<br>2.2 NAME                             |   | L Change Addition               |
| STREET ADDRESS           |  |   | 2.3 STREET ADDRESS                                |   |                                 |
| CITY-ST-ZIP              |  |   | 2. 4 CITY - ST - ZIP                              |   |                                 |
| TITLE                    |  | DELETE  | 3.1 TITLE   | **  | ☐ Change ☐ Addition             |
| NAME                     |  |   | 3.2 NAME  |   |                                 |
| STREET ADDRESS           |  |   | 3.3 STREET ADDRESS                                |   |                                 |
| CITY-ST-ZIP              |  | T origin  | 3.4. CITY-ST-ZIP                                  |   |                                 |
| TITLE                    |  | ☐ DELETE  | 41 TITLE  |   | Change Addition                 |
| NAME<br>STREET ADDRESS   |  |   | 4. 2 NAME   |   |                                 |
| CITY-ST-ZIP              |  |   | 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP                |   |                                 |
| TITLE                    | The second secon | DELETE  | 5.1 TITLE   |   | ☐ Change ☐ Addition             |
| NAME                     |  |   | 5.2 NAME  |   |                                 |
| STREET ADDRESS           |  |   | 5.3 STREET ADDRESS                                |   |                                 |
| CITY-ST-ZIP              |  |   | 5.4 CITY-ST-ZIP                                   |   |                                 |
| TALE                     |  | DELETE  | 6.1 TITLE   |   | ☐ Change ☐ Addition             |
| NAME                     |  |   | 6.2 NAME  |   |                                 |
| STREET ADDRESS           |  |   | 6.3 STREET ADDRESS                                |   | ļ                               |
| CITY-ST-ZIP              |  |   | 6.4 CITY - ST - ZIP                               |   | ŀ                               |

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 supplimental 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 trusted 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 or in attachment with an address.

(994) 4767837