

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY - 1 PM 2:34

DOCUMENT # **S63481** (3)
1. Corporation Name
JORGE MOREJON NURSERY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 15623 S.W. 292ND TERR.
18250 SW 200 STREET
MIAMI FL 33187-2502
US

Mailing Address: 15623 S.W. 292ND TERR.
LEISURE CITY FL 33033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/01/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business: 21
2a. Mailing Address: 26
22 State Apt # etc: 27
23 City & State: 28
24 City: 25 Locality: 29 Zip: 30 Country:

4. FEI Number: **65-0312420**
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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOREJON, JORGE LUIS
15623 S.W. 292ND TERR.
LEISURE CITY FL 33033

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 607.0805 and 607.1509, 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 607.0809, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Typed or Printed Name of Registered Agent)

Signature of Registered Agent (Typed or Printed Name of Registered Agent)

Date

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	MOREJON, JORGE L.
STREET ADDRESS	15623 SW 292 TERRACE
CITY, ST, ZIP	LEISURE CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is, containing true and correct information and that I am an officer or director of the corporation or the person or persons authorized to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed on the attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/95