

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V46609 (6)**

1. Corporation Name
ROYAL NURSERY, INC.



Principal Place of Business: **14235 SABALL DR MIAMI LAKES FL 33014**
Mailing Address: **14235 SABALL DR MIAMI LAKES FL 33014**

3. Date Incorporated or Qualified: **06/29/1992** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0349319** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 16811 NW 122nd Ave**
Suite, Apt. #, etc.: **22**
City & State: **23 Miami, FL**
Zip: **24 33016** Country: **25**
2a. Mailing Address: **26 16811 NW 122nd Ave**
Suite, Apt. #, etc.: **27**
City & State: **28 Miami, FL**
Zip: **29 33016** Country: **30**

9. Name and Address of Current Registered Agent

**SALAZAR, MICHAEL G JR
200 W PALMETTO PARK RD
SUITE 102
BOCA RATON FL 33432**

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 officer 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 (to be typed) (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPV	<input type="checkbox"/> DELETE
NAME	GONZALEZ, JOSE M	
STREET ADDRESS	14235 SABALL DR	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	DTS	<input type="checkbox"/> DELETE
NAME	GONZALEZ, SILVIA	
STREET ADDRESS	14235 SABALL DR	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gonzalez, Jose M	Address
1.3 STREET ADDRESS	16811 NW 122 Ave	
1.4 CITY-ST-ZIP	Miami, FL 33016	
2.1 TITLE	DTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gonzalez, Silvia	Address
2.3 STREET ADDRESS	16811 NW 122 Ave	
2.4 CITY-ST-ZIP	Miami FL 33016	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Silvia Gonzalez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 (305) 557-2621
Date Daytime Phone

CR2E034 (12/95)