

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90132 033 \*\*\*158.75

DOCUMENT # M04713

1. Corporation Name  
MIAMI FLOWER TRADERS, INC.

Principal Place of Business  
1464 N.W. 82ND AVENUE  
MIAMI FL 33126

Mailing Address  
1464 N.W. 82ND AVENUE  
MIAMI FL 33126



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21 1442 NW 82ND AVE		26 1442 NW 82ND AVE		08/31/1984		59-2441190		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required			
23 City & State miami, FLA		28 City & State miami-fla		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees			
24 Zip 33126		29 Zip 33126		8. This corporation owes the current year Intangible Personal Property Tax.		Yes No			

9. Name and Address of Current Registered Agent

ARGUELLO, ALBERTO  
1464 N.W. 82ND AVE.  
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
1442 NW - 82ND AVE  
83  
84 City miami FL 85 Zip Code 33126

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	Address →
NAME	FILOMENA, FRANCISCO	1.2 NAME	
STREET ADDRESS	1464 NW 82 AVE	1.3 STREET ADDRESS	1442 NW - 82ND AVE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	miami-fla 33126
TITLE	PD	2.1 TITLE	Address →
NAME	ARGUELLO, ALBERTO	2.2 NAME	
STREET ADDRESS	1464 N.W. 82ND AVENUE	2.3 STREET ADDRESS	1442 NW - 82ND AVE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	miami-fla 33126
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 the address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)