

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M18100** (1)
1. Corporation Name
PREMIUM FLOWERS CORPORATION



Principal Place of Business: **7927 NW 21 ST P.O. BOX 520864 MIAMI FL 33122 US**
Mailing Address: **7927 NW 21 ST PO BOX 520864 MIAMI FL 33152 US**

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

3. Date Incorporated or Qualified: **07/17/1985**
3a. Date of Last Report: **04/25/1995**
4. EIN Number: **59-2556768**
5. Corporate 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 intergroup tax under s. 199.032, Florida Statutes: Yes No

g. Name and Address of Current Registered Agent
**PAREDES ENRIQUE
79 SHORE DR W
MIAMI FL 33133**

10. Name and Address of New Registered Agent
[81] Name
[82] Street Address (P.O. Box Number is Not Acceptable)
[83]
[84] City
[85] Zip Code **FL**

11. Pursuant to the provisions of Sections 607.011 and 607.012, Florida Statutes, the above named corporation solicits 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 or directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.011, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	[] DELETE
NAME	PAREDES, ENRIQUE	
STREET ADDRESS	79 SHORE DR. W.	
CITY, ST, ZIP	MIAMI FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	[] Change [] Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	[] Change [] Addition
15. TITLE	[] Change [] Addition
16. NAME	
17. STREET ADDRESS	
18. CITY, ST, ZIP	[] Change [] Addition
19. TITLE	[] Change [] Addition
20. NAME	
21. STREET ADDRESS	
22. CITY, ST, ZIP	[] Change [] Addition
23. TITLE	[] Change [] Addition
24. NAME	
25. STREET ADDRESS	
26. CITY, ST, ZIP	[] Change [] Addition

14. I do hereby certify that the information supplied in this filing is complete, accurate and does not qualify for the exemption stated in Section 119.07(2)(a), Florida Statutes. I further certify that the information furnished 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. I am an officer or director of the corporation being reported on and I am duly qualified to sign as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. This filing is subject to an affidavit with an affidavit.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-96 305-592-1222

CR2E034 (12/95)