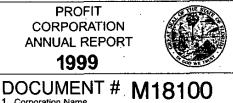
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

PREMIUM FLOWERS CORPORATION

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90123 031 ***158.75

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Principal,Place	e of Business		iling Address							
7927 NW 21 S			7927 NW 21 ST			·				
P.O. BOX 5208			PO BOX 520864			DO NOT WRITE IN THIS SPACE				
MIAMI FL 33122 MIAMI FL 33152 US US							3. Date Incorporated or Qualifed			\neg
							07/17/1985			ĺ
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number			Applied For
21		26	J				59-2556768		_ <u> </u>	Not Applicable
Suite, Apt.	#, etc.	- -	Suite, Apt. #, etc.			٠	5. Certificate of Status Desired			Additional
22		27	•				5. Certificate of Status Desired	<u> </u>	Fee	Required
City & Stat	te		City & State				6. Election Campaign Financing		\$5.0	May Be
23	·	28					Trust Fund Contribution		Adde	d to Fees
Zip	Country		Zip	c	ountry		8. This corporation owes the curn	ent year Inta		
24	25	29		30			Personal Property Tax.		☐Yes	No
	9. Name and Address of C	urrent Regist	ered Agent		641	N	10. Name and Address of New R	legistered /	Agent	
PAR	EDES ENRIQUE	•	•		81	Name				
	SHORE DR W				82	Street Ad	dress (P.O. Box Number is Not Accepta	ible) 👸	• • •	
	MI FL 33133						diess (P.O. Box Nulliper is Not Accepte			
MIM	MILLE 22 122				83		Marie Committee		S., 11.	,
		.:			84	City			85 Zi	p Code
12 1						•		<u> </u>	ببب	
11. Pursuant	to the associates of Continue CO	7.0502 and 60	07.1508, Florida Statu	utes, the	above	-named co	rporation submits this statement for the	purpose of	changing i	its registered
office or r	to the provisions of Sections 60 registered agent, or both, in the sam familiar with, and accept the o	State of Florid obligations of,	a. Such change was Section 607.0505, FI	authorize Iorida Sta	ed by t atutes.	tne corpora	rporation submits this statement for the tion's board of directors. I hereby acception	ot the appoi	ntment as	its registered registered
office or r agent. I a SIGNATURE	to the provisions of Sections 60 registered agent, or both, in the sam familiar with, and accept the of Signature, typed or printed name of register	State of Florid obligations of, agent and title it	a. Such change was Section 607.0505, FI	authorize Iorida Sta TE: Register	ed by t atutes. ed Agent	tne corpora	ition's board of directors. I hereby acceptively acceptively when reinstating)	DATE	innent as	registered
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CITY-\$T-ZIP 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 of the receiper 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 algorithm with an address, with all other like empowered. 14. I hereby certify that the information

6.4 CITY-ST-ZIP

SIGNATURE: