

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

**APPROVED
AND
FILED**

50 MAY -1 AM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P93000068691 (3)**

BLOOMING BUDS INC.

Principal Place of Business:

Mailing Address:

2135 N.W. 20TH ST.
MIAMI FL 33142

2135 N.W. 20TH ST
MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Creation 10/01/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0457654	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has voluntarily filed an annual report as required by Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**KUMAR, INDRA
2135 N.W. 20TH ST.
MIAMI FL 33142**

10. Name and Address of New Registered Agent

B1. Name
B2. Street Address (P.O. Box Number, Not Applicable)
B3. City & State
B4. City
FL 85 Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida. I am hereby accepting the appointment as registered agent for the corporation named herein.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADULTS OR PARTNERS TO BE LISTED AND DIRECTORS ONLY																		
<table border="1"> <tr> <td>12.1 NAME</td> <td>D KUMAR, INDRA</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>12.2 STREET ADDRESS</td> <td>2135 N.W. 20TH ST.</td> <td></td> </tr> <tr> <td>12.3 CITY & STATE</td> <td>MIAMI FL 33142</td> <td></td> </tr> </table>	12.1 NAME	D KUMAR, INDRA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	12.2 STREET ADDRESS	2135 N.W. 20TH ST.		12.3 CITY & STATE	MIAMI FL 33142		<table border="1"> <tr> <td>13.1 NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>13.2 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>13.3 CITY & STATE</td> <td></td> <td></td> </tr> </table>	13.1 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.2 STREET ADDRESS			13.3 CITY & STATE		
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14. I hereby certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 601.02(2)(b), Florida Statutes. I further certify that the information includes the annual report or supplemental annual report as here and there made and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to receive the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of Block 13 of this report, or on an affidavit filed with an address.

SIGNATURE: *Indra Kumar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95