

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000074990 (1)
1. Corporation Name

YUM'S FLOWERS AND GIFT SHOP, CORP.



Principal Place of Business Mailing Address
**2360 W. 68 STREET
HIALEAH FL 33016** **2360 W. 68 STREET
HIALEAH FL 33016**

3. Date Incorporated or Qualified: **10/25/1993** 3a. Date of Last Report: **08/21/1995**
4. FEI Number: **65-0445829** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**RODRIGUEZ, YUSET
2220 W. 74 STREET
APT. 102
HIALEAH FL 33016**

10. Name and Address of New Registered Agent
81 Name: **MIRIAM PONTE**
82 Street Address (P.O. Box Number is Not Acceptable):
83 **2483 W 70 ST**
84 City: **HIALEAH** FL 85 Zip Code: **33016**

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: *Miriam Ponte* **MIRIAM PONTE** **8/2/96**

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
1. DELETE
**PD
RODRIGUEZ, YUSET
2220 W. 74 STREET, APT. 102
HIALEAH FL 33016**
 DELETE
**STD
PONTE, MIRIAM
2483 W. 70 STREET
HIALEAH FL 33016**
 DELETE
 DELETE
 DELETE
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP
**P/O/S/T
PONTE MIRIAM
2483 W 70 ST HIALEAH FL 33016**

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: *Miriam Ponte* **MIRIAM PONTE** **305-827-9917**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **18/2/96**

CR2E034 (3/96)