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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Section Sect		Secretary of State 1998 DIVISION OF CORPORATIONS					ONS	Secretary of State	
Principal Place of Business	1. Corporatio	n Name		006047	9 (9)				
Maining Address Maining Ad	KENDA	ALL FLORIST,	INC.						
Maining Address Maining Ad									
MAMI FL 33155	Principal Plac	e of Business		Mailing Add	ress				11
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22. Mailing Address 22. Mailing Address 23. Mailing Address 24. Mailing Address 25. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee R								3. Date Incorporated or Qualified	
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Status Desired S8.75 Additional S8.70 May Be Artificate of Status Desired S8.70 May Be Artificate of Status Desired S8.70 May Be Added to Fees Address of Courting S8.70 May Be Address of New Registered Agent S8.70 May Be Address		lace of Business			Address			77, 45, 45	_
City & State		# -4-							
City & State City & State City & State City & State Country 2ip Registered Agent In the Country of the Country Personal Property Tax due June 30. Yes No No No No No No No N									
Zip Country Zip Country Zip Country S. This composation owes or has paid the current year intangible	City & Stat	e							
25		·····	Country			Countr	v		
9. Name and Address of Current Registered Agent FERNANDEZ, ISABEL 10537 S. DIXIE HIGHWAY MIAMI FL 33156 84 City FL 85 Zip Code 64 City FL 85 Zip Code 65 Gravine in amount to the provisions of Sections 607,0502 and 607,1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, section 607,doss, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D CAPTICES AND DIRECTORS 11. TITLE D CAPTICES AND DIRECTORS 12. AMME 11. TITLE D CAPTICES AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D CAPTICES AND DIRECTORS IN 12 14. CITY-ST-ZIP MIAMI FL 33156 14. CITY-ST-ZIP MIAMI FL 33156 15. STREET ADDRESS 17. ST-ZIP MIAMI FL 33156 16. Change Addition 17. ST-ZIP 17. Change Addition 17. ST-ZIP 17. Change Addition 17. ST-ZIP 17. ST-ZIP 17. ST-ZIP 17. Change Addition 17. ST-ZIP 17	24	├			3	¬ '			
Addition Persivantic Indiana		9. Name and	Address of Curren	t Registered Age	nt			10. Name and Address of New Registered Agent	
MIAMI FL 33156 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submitts 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 signent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature hoped or printed name of registered agent and title if applicable. [NOTE Registered Agent signature required when refractions.] Delete 1.1 Title Delete 1.1 Title Change Addition NAME FERNANDEZ, ISABEL 1.2 NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 1.1 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME 3.3 SIRRET ADDRESS CITY-ST-ZIP TITLE DELETE 3.3 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.3 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.3 SIRRET ADDRESS CITY-ST-ZIP TITLE DELETE 3.3 SIRRET ADDRESS CITY-ST-ZIP TITLE CHANGE ALTER AGDRESS CITY-ST-ZIP TITLE CHANGE AGDRESS CITY-ST-ZIP TITLE CHANGE AGDRESS CITY-ST-ZIP TITLE CHANGE AGDRESS CITY-ST-ZIP TITLE CHANGE AGDRESS CITY-ST-ZIP	FE	RNANDEZ, ISAE	BEL			81	Name		
STORY THE	10	537 S. DIXIE HI	GHWAY			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
SIGNATURE Signature, hoped or printed name of 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, 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, 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hoped or printed name of registered agent and tile if applicable.	ML	AMI FL 33156							
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, 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 Apent signature required when relutating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE DELETE 1.2 NAME 1.2 NAME 1.5 TREET ADDRESS 10537 S. DIXIE HIGHWAY 1.3 STREET ADDRESS 10537 S. DIXIE HIGHWAY 1.3 STREET ADDRESS 10537 S. DIXIE HIGHWAY 1.3 STREET ADDRESS 22 NAME 22 NAME 22 NAME 23 STREET ADDRESS 23 STREET ADDRESS 23 STREET ADDRESS 23 STREET ADDRESS 24 STRY-51-ZIP TITLE DELETE 31 TITLE DELETE 31 TITLE Change Addition NAME 4.2 NAME 4.2 NAME 4.2 NAME NAME 1.3 STREET ADDRESS 3.3 STREET A						83	1		
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SIGNATURE Signature, typed or perited rame of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE	11. Pursuant office or r	to the provisions of registered agent.	of Sections 607.0502 or both, in the State	2 and 607,1508, F of Florida. Such c	lorida Statutes hange was aut	, the abov	e-named corpora	rporation submits this statement for the purpose of changing its regist ation's board of directors. I hereby accept the appointment as registe	ered red
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when refrestating) DATE		ım familiar with, ar	nd accept the obliga	itions of, Section (607.0505, Florid	da Statute	s.	1	
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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 further empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed for on an attaching with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

CITY - ST - ZIP

STREET ADDRESS

TITLE

NAME

DELETE

01-05-98

(305) 666-6116.

Change

___ Addition

FILED

Jan 15 1998 8:00am