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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000035310 (7)

PARADISE FLOWER SHOP, INC.

FILED May 14 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			1 10011001 110 1000 01(11 00111 00111 00111 1) 1911 GOLD 11101 11101 11101 11101 11101 11101 11101 11101	(B)1 601) 1941
10577 SW 109 CT. 10577 SW 109 CT.							
MIAMI FL 33	176	MIAMI FL 33176			DO NOT WRIT	E IN THIS SPACE	
					3. Date Incorporated or Qualified		
!					04/23/1996		ľ
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		pplied For
21 .	<u>;</u>	26 10577	ຮຜ	109 CT		} →	ot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				60 75	Additional
22		27			5. Certificate of Status Desired	1 1 7 -	equired
City & State		City & State	1		6. Election Campaign Financing	\$5.00	May Be
23 M	IAMI FI	28 MIAMI	<i>F/</i>		Trust Fund Contribution		to Fees
Zip	Country	Zip	Count		8. This corporation owes or has p	aid the current year In	tangible
24 331		29 33176	30	4.5.7	Personal Property Tax due Jun		□ No
	9. Name and Address of Current	Registered Agent	 	<u>al 1, </u>	10. Name and Address of New R	egistered Agent	
AMERILAWYER CHARTERED 81 Na					N/A		
343 ALMERIA AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)			
CC	DRAL GABLES FL 33134						
			8	3			
			8	4 City	/	85 Zip	Code
						FL 0 2 P	
office or n	to the provisions of Sections 607,0502 registered agent, or both, in the State of	f Florida. Such ch ange w i	as authorized I	by the corporation	oration submits this statement for the on's board of directors. I hereby acce	purpose of changing i	ts registered registered
agent. I a	m familiar with, and accept the obligat	ons of, Section 607.0505,	Florida Statut	es.		, , ,	
SIGNATURE			4/8	·			. <u></u>
12.	Signature, typed or printed name of registered agent OFFICERS AND		NOTE Registered A	gent signature require	d when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE	NI 12
TITLE	PST	DELETE	1.1 DILE		ADDITIONAL TO CITY	Change	Addition
NAME	RAMNATH, JEAN M		1.2 NAM	l l	/	<u> </u>	
STREET ADDRESS	10500 SOUTHWEST 108TH AV	ENUE SHITE ROTO		FT ADDRESS	M/A		į
CITY-ST-ZIP	MIAMI FL 33176	211021 00112 0210		-ST-ZIP	7		1
TITLE	VD	DELETE	2.1 TITLE			Change	Addition
NAME	RAMNATH, LESLIE		2.2 NAMI	:	,	• ,	1
STREET ADDRESS	10500 SOUTHWEST 108TH AV	ENUE. SUITE B210	2.3 STRE	ET ADDRESS	Na		İ
CITY-ST-ZIP	MIAMI FL 33176			- ST - ZIP	74/11		į
TITLE	D	DELETE	3.1 TITLE			Change	Addition
NAME	RAMNATH, GERALD		3.2 NAM	: [[
STREET ADDRESS	10500 SOUTHWEST 108TH AV	ENUE, SUITE B210	3 3 STRE	FT ADDRESS	1.1.		j
CITY-ST-ZIP	MIAMI FL 33176		3 4. CITY	-ST-ZIP			1
TITLE	D	DELETE	4 1 TITLE			L	Addition
NAME	RAMNATH, HAROLD		4. 2 NAM	E [1100	4/U
STREET ADDRESS	10500 SOUTHWEST 108TH AV	ENUE, SUITE B210	4.3 STRE	ET AUDRESS		41101	" /
CITY-ST-ZIP	MIAMI FL 33176		4.4 CITY	-ST-ZIP	H/N		
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME	ط، .		5.2 NAM		,		
STREET ADDRESS	HM		5.3 STRE	ET ADDRESS	N/A		
CITY-ST-ZIP	'!		5.4 CITY	-ST-ZIP			
TITLE		DELETE	6.1 TITLE		7	Change	Addition
NAME	1.	4	6.2 NAM	E	70000252	15 (5 (
STREET ADDRESS	N/A		6.3 STRE	et address	-05/ M//#5010	21D3p	ļ
CITY-ST-ZIP	<u> </u>		64 City		***15V, UU		
44 I horobus	and in that the information cumpled with	this filing dose not qualit	for the even	ntion stated in S	Section 119 07/3Vi) Florida Statular	I further portify that the	information

indicated on this annual report or supplierowing the information stated in Section 119.07(3)(i), Florida Statules. If 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changos, or on an attachment with an address.