

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

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97 AUG 20 PM 4: 21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000104320
1. Corporation Name
1-800-Roses USA, Inc.

Principal Place of Business Mailing Address
460 East Highway 436
Casselberry, FL 32707

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 460 E. Hwy 436		26 460 E. Hwy 436		Dec. 26, 1996		May 1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Casselberry, FL		28 Casselberry, FL		59-3462367		Not Applicable	
24 32707		29 32707		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
25 USA		30 USA		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
26		27		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
28		29		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
30		31		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Americo Antunes
400 East. Hwy 436
Suite 202
Casselberry, FL 32707

10. Name and Address of New Registered Agent

81 Name	Peter W. Antunes
82 Street Address (P.O. Box Number is Not Acceptable)	460 E. Hwy 436
83	
84 City	Casselberry FL
85 Zip Code	32707

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 *Peter Antunes* Peter W. Antunes 8/10/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	Director	<input checked="" type="checkbox"/> DELETE
NAME	Americo Antunes	
STREET ADDRESS	400 E. Hwy 436, Suite 202	
CITY-ST-ZIP	Casselberry, FL 32707	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Peter W. Antunes	
1.3 STREET ADDRESS	460 E. Hwy 436	
1.4 CITY-ST-ZIP	Casselberry, FL 32707	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	700002276917--1	
3.4 CITY-ST-ZIP	-08/28/97--01005--001	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

G. Alan
8/20/97

14. I do 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 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 attachment with an address

SIGNATURE: *Peter Antunes* 8/10/97 (407) 831-9963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)