

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUL 27 PM 3:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 097000097119

1. Corporation Name

Excellence Flowers, Inc.

Principal Place of Business

7225 NW 44 St.
Miami, FL 33166

Mailing Address

7225 NW 44 St.
Miami, FL 33166

2. Principal Place of Business

7225 NW 44 St.
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Miami, FL

Zip Country
33166 25 Dade

City & State

28 City & State
29 Zip Country
30

3. Date Incorporated or Qualified

11/13/1997

4. FEI Number

05-0794005

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

9. Name and Address of Current Registered Agent

Alejandro Botero
1402 Brickell Bay Dr. #1401
Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name Manuel M. Lora
82 Street Address (P.O. Box Number is Not Acceptable)
83 7225 N.W. 44 St.
84 City Miami FL 85 Zip Code 33166

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, for 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 617.0503, Florida Statutes.

SIGNATURE

Manuel M. Lora

07/26/00

12. OFFICERS AND DIRECTORS

TITLE Alida Iechter ☒ DELETE
STREET ADDRESS President
CITY-ST-ZIP 1402 Brickell Bay Dr. #1401
TITLE Vice-President ☒ DELETE
NAME Miriam Ryles
STREET ADDRESS 7225 NW 44 St.
CITY-ST-ZIP Miami, FL 33166
TITLE Director ☒ DELETE
STREET ADDRESS Alejandro Botero
CITY-ST-ZIP 7225 NW 44 St.
TITLE ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Miriam Ryles
1.3 STREET ADDRESS 7225 NW 44 St.
1.4 CITY-ST-ZIP Miami, FL 33166
2.1 TITLE Manuel M. Lora ☐ Change ☒ Addition
2.2 NAME Registered Agent
2.3 STREET ADDRESS 7225 NW 44 St.
2.4 CITY-ST-ZIP Miami, FL 33166
3.1 TITLE 700003344467-3
3.2 NAME
3.3 STREET ADDRESS -08/02/00-01090-007
3.4 CITY-ST-ZIP ***558.75 ***558.75
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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, with all other like empowered.

SIGNATURE:

Miriam Ryles

07/26/00 (305) 463-8118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #