

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90003 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000009276 ✓

1. Corporation Name

INFINITY BOUQUET, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 JAN. 29, 1998

Principal Place of Business
 7965 N.W. 21st Street
 Miami, FL 33122

Mailing Address
 201 S. Biscayne Boulevard
 1500 Miami Center
 Miami, FL 33131

2. Principal Place of Business
 21 8880 NW 24th Terr.

2a. Mailing Address
 26 8880 NW 24th Terr.

4. FEI Number
 65-0817327

Applied For
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State
 MIAMI, FL

28 City & State
 MIAMI, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 33172 25 Country USA

29 Zip 33172 30 Country USA

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 CORPORATION COMPANY OF MIAMI
 201 S. Biscayne Boulevard
 1600 Miami Center
 Miami, FL. 33131

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additic
NAME	DUENAS I, GUILLERMO	1.2 NAME	
STREET ADDRESS	477 AVENIDA AMAZONAS Y ROCA 2DO PISO	1.3 STREET ADDRESS	
CITY-ST-ZIP	OFICIO, QUITO ECUADOR	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additic
NAME	DAVID, BARRY W.	2.2 NAME	
STREET ADDRESS	13715 S.W. 66TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33183	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additic
NAME	DUENAS M. JUAN P	3.2 NAME	
STREET ADDRESS	421 HUDSON APT M13	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, N.Y. 10014	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additic
NAME	BUITRON, ALEJANDRO	4.2 NAME	
STREET ADDRESS	8454 N.W. 14TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33071	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additic
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additic
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, 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: *BARRY DAVID* - BARRY DAVID
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 305/594-0338
 Date Day - Phone #