FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2002 8:00 am § Secretary of State P99000024010 DOCUMENT # 1. Entity Name 04-22-2002 90319 013 ***150 00 MINERVA FLOWERS CORPORATION Mailing Address Principal Place of Business 2950 NW 72 AVE 2950 NW 72 AVE MIAMI FL 33131 MIAMI FL 33131 <u>2. Principal:Place of Business</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Same. City & State 4. FEI Number Applied For City & State 65-0903482 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33127 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CASTILLO, ALVARO B P.A. Street Address (P.O. Box Number is Not Acceptable) 1390 BRICKELL AVENUE SUITE 200 MIAMI FL 33131 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9:-This corporation is cligible to satisfy its:Intangible: 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME **GUDENUS, HOLGER** 1390 BRICKELL AVENUE SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP ■ Addition ☐ Delete TITLE TITLE HOLGER GUDENUS, PHILIPP NAME STREET ADDRESS STREET ADDRESS 1390 BRICKELL AVENUE SUITE 200 CITY-ST-7IP MIAMI FL 33131 CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE TITLE **GUDENUS, ANNETTE** NAME 1390 BRICKELL AVENUE SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR