

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S33048

1. Corporation Name
A.G.A. FLOWERS, INC.

Principal Place of Business
8416 N. W. 17TH STREET
MIAMI FL 33126

Mailing Address
8416 N. W. 17TH STREET
MIAMI FL 33126

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90073 017 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1991

4. FEI Number

65-0246749

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SABOGAL, DANIEL
8416 NW 17TH ST
MIAMI FL 33126

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

Daniel Sabogal
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

March 31/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME SABOGAL, DANIEL
STREET ADDRESS 155 OCEAN LANE DR 321
CITY-ST-ZIP PALM BEACH FL

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Daniel Sabogal
1.3 STREET ADDRESS 8416 NW. 17TH ST
1.4 CITY-ST-ZIP Miami, FL 33126

TITLE D ☒ DELETE

NAME MEJIA, PEDRO E J
STREET ADDRESS SE FINANCIAL CENTER
CITY-ST-ZIP MIAMI FL

2.1 TITLE D/VP ☐ Change ☒ Addition

2.2 NAME James G. Conroy
2.3 STREET ADDRESS One Financial Plaza, St. 1100
2.4 CITY-ST-ZIP Fort. Lauderdale, FL 33394

TITLE D ☒ DELETE

NAME MEJIA, CARLOS J
STREET ADDRESS S E FINANCIAL CENTER
CITY-ST-ZIP MIAMI FL

3.1 TITLE CEO/S ☐ Change ☒ Addition

3.2 NAME Al Detz
3.3 STREET ADDRESS One Financial Plaza, St. 1100
3.4 CITY-ST-ZIP Fort Lauderdale, FL 33394

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 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

Daniel Sabogal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 31/99

Date

Daytime Phone #

CR2E034 (11/98)