

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JAN 23 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # G29685 (6)
1. Corporation Name
FLORICAL ENTERPRISES, INC.

Principal Place of Business Mailing Address
2151 NORTHWEST 13TH AVENUE MIAMI FL 33142

3. Date Incorporated or Qualified **03/07/1983** 3a. Date of Last Report **03/25/1994**

4. FEI Number **59-2510811** 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 has liability for intangible tax under S. 199.032, Florida Statutes 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 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**SANTANA, JOSEPH E.
4717 ADAMS ST
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4901 MONROE ST.
83
84 City **HOLLYWOOD** FL 85 Zip Code **33021**

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SANTANA, JOSEPH E.
STREET ADDRESS	4717 ADAMS ST
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	VID
NAME	SANTANA, MELVIN P.
STREET ADDRESS	5803 GARFIELD STREET
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	SD
NAME	SANTANA, ZENA
STREET ADDRESS	4717 ADAMS ST
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SANTANA, JOSEPH E.
1.3 STREET ADDRESS	4901 MONROE ST.
1.4 CITY-ST-ZIP	HOLLYWOOD FL. 33021
2.1 TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SANTANA, MELVIN P.
2.3 STREET ADDRESS	3233 ARTHUR TERR.
2.4 CITY-ST-ZIP	HOLLYWOOD FL. 33021
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SANTANA, B.ZENA
3.3 STREET ADDRESS	4901 MONROE ST.
3.4 CITY-ST-ZIP	HOLLYWOOD FL. 33021
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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(k), 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: *Joseph E. Santana*
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

1/11/95 305-324-1621
DATE