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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F54473 1. Corporation Name

SEN-MOR FRUITS & FLOWERS, INC.

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90015 048 ***150.00



Principal Flace	e of Business	Mailing Address						-
8945 BISCAYNI		8945 BISCAYNE BLVD						
MIAMI SHORE FL 33138			MIAMI SHORE FL 33138		DO NOT WRITE IN THIS SPACE			
US		US		3. Date Incorporated or Qualifed				
					12/03/1981			
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	lied For
2. Principal Place of Business		26		59-2139892			Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 A		
		27		5. Certifcate of Status Desired]	Fee Re		
City & Stat	·	City & State			6. Election Campaign Financing		\$5.00	Jav Re
23		<u>⊢</u> , ′	28		Trust Fund Contribution	J	Added to	
Zip	Country	Country Zip Co			8. This corporation owes the current year Intangible			
24	25	29	30		Personal Property Tax.		Yes	□No
24	9. Name and Address of Curre		133		10. Name and Address of New Reg	istered Ag	jent	
			81	Name				
IFIZ	ZARY, HECTOR		00 01 14 14		In a Control of the Assertable			
	5 BISCAYNE BLVD		82	Street Add	lress (P.O. Box Number is Not Acceptable	')		
	MI SHORES FL 33138		83	 				
			84	City		FL	85 Zip C	ode
44 8		O' and 607 1509 Florida State	toc the abov	o named cur	poration submits this statement for the put		anging its	registered
office or r	egistered agent, or both, in the State	e ∈f Florida. Such change was :	authorized by	the corporat	ion's board of directors. I hereby accept the	ne appointr	nent as re	istered
agent. I a	m familiar with, and accept the oblig	at ons of, Section 607.0505, FI	orida Statutes	S.				
SIGNATURE		100 4 - F-11 - 0101	C. Dometared Ann	at signatura ma ir	ed when reinstating)	DATE		
12.	Signature, typed or printed name of registered as	NI) DIRECTORS	13.	in signatore requir	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE	DP	DELETE	1.1 TITLE	Γ-			Change	Addition
	IRIZZARY, HECTOR		1.2 NAME					
NAME	8945 BISCAYNE BLVD		N	T ADDRESS				
STREET ADORESS								
CiTY-ST-ZIP	MIAMI SHORE FL	□ DELETE	2.1 TITLE	51-2IP			Change	Addition
TITLE			2.1 THEE	Ì		•	- •	—
NAME				T 4000000				
STREET ADORESS				TADDRESS				
CITY-ST-ZIP	<u> </u>	☐ DELETE	2.4 CITY-	ST-ZIP			Change	Addition
TITLE			4			,		
NAME			32 NAME					
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP		□ pciere	3.4. CITY-	ST-ZIP			Change	Addition
TITLE		☐ DELETE	4.1 TITLE				onange	
NAME			4 2 NAME					
STREET ADDRE 3S			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				□ Additi
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			53 STREE	TADDRESS				
CITY-ST-ZIP	_		5.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			I	Change	☐ Addition
NAME			6.2 NAME	1				
	1							
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.3 STREE					

14. I hereb / certify that the information supplied with this filling 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 attach ment with an address, with a little empowered.

FRINTED NAME OF SIGNING OFFICES OR DIRECTOR