FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:11

DOCUMENT # 701259 (4)

1. Corporation Name
METROPOLITAN MIAMI FLOWER SHOW, INC.

Principal Place of Business	Mailing Address
% Z. GARRISON 7800 SW 98 ST MIAMI FL 33156	% Z GARRISON 7800 SW 98 ST MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1960
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-6057247 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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 55 S.W. 17 AV.	26 % P.F. MATTHEWS
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 100 S.W. 124 AV.
23 City & State Miami, FL.	28 City & State Miami, FL.
24 Zip 33138 25 Country USA	29 Zip 33184 30 Country USA

9. Name and Address of Current Registered Agent

MOSS, BETTY, J
7800 SW 98 ST
MIAMI FL 33156

10. Name and Address of New Registered Agent

31 Name: P.F. MATTHEWS, PRESIDENT
32 Street Address (P.O. Box Number is Not Acceptable): 100 S.W. 124 AV.
33
34 City: Miami FL 35 Zip Code: 33184

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: P.F. Matthews, President — 2/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	1.1 TITLE	VP	☒ Change ☐ Addition
NAME	CHERRY, YVONNE	1.2 NAME	ROSEMOND MERIWETHER	
STREET ADDRESS	4050 VENTURA AVENUE	1.3 STREET ADDRESS	1552 PLASENTIA	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	MATTHEWS, PAT	2.2 NAME	TERESA RODRIGUEZ	
STREET ADDRESS	100 S.W. 124TH AVENUE	2.3 STREET ADDRESS	11600 S.W. 98 AV.	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL. 33176	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	MCGINNIS, FLORENCE	3.2 NAME	BETTY McCARTHY	
STREET ADDRESS	6310 S.W. 28TH STREET	3.3 STREET ADDRESS	6060 S.W. 87 ST.	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL. 33143	
TITLE	S	4.1 TITLE	S	☒ Change ☐ Addition
NAME	CHAIT, NORMA	4.2 NAME	MARY GLENN	
STREET ADDRESS	7901 S.W. 20TH STREET	4.3 STREET ADDRESS	5678 S.W. 87 ST.	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL. 33143	
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	LOGUE, MARGARET	5.2 NAME		
STREET ADDRESS	819 N. GREENWAY DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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(3)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia F. Matthews, President — 2/6/95 — 305 2262522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PATRICIA F. MATTHEWS, PRESIDENT

0043306

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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # 701306 (3)

1. Corporation Name
HOUSE OF HUSTON FOUNDATION, INC.

Principal Place of Business	Mailing Address
1001 MANATI CORAL GABLES FL 33146	1001 MANATI CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1960
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-6152540 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HUSTON JR,TOM
1001 MANATI AVE
CORAL GABLES FL 33146

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 Tom Huston Tom Huston JR 2/13/93
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	☐ Change ☐ Addition
NAME	HUSTON, TOM JR	1.2 NAME	
STREET ADDRESS	1001 MANATI AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	HUSTON, MINNIE	2.2 NAME	
STREET ADDRESS	6830 MAYNADA BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HUSTON, MARY S.	3.2 NAME	
STREET ADDRESS	1001 MANATI AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tom Huston Tom Huston JR 2/13/93 [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012660