# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # 701259 (4)

1. Corporation Name

**METROPOLITAN MIAMI FLOWER SHOW, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 55 S.W. 17 AV.<br>MIAMI FL 33138<br>US | C/O P.F. MATTHEWS<br>100 S.W. 124 AV.<br>MIAMI FL 33184<br>US |

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 06/01/1960 | 02/20/1995 |

| 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 |

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

P.F. MATTHEWS, PRESIDENT
100 S.W. 124 AVE.
MIAMI FL 33184

**10. Name and Address of New Registered Agent**

81 Name: Rosemond Meriwether, President
82 Street Address (P.O. Box Number is Not Acceptable): 1552 Plasentia
84 City: Coral Gables FL 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Rosemond Meriwether — DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>MERIWETHER, ROSEMOND<br>1552 PLASENTIA<br>CORAL GABLES FL | ☒ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | VP<br>McCarthy, Betty<br>6060 S.W. 85 St<br>Miami, FL 33143 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>RODRIGUEZ, TERESA<br>11600 S.W. 98 AV.<br>MIAMI FL | ☒ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | VD<br>Ewell, Arcie<br>12935 S.W. 109 Ct<br>Miami, FL 33176 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MCCARTHY, BETTY<br>6060 S.W. 87 ST.<br>MIAMI FL | ☒ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | SD<br>Glenn, Mary<br>5678 SW 87 ST<br>Miami, FL 33143 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>GLENN, MARY<br>5678 S.W. 87 ST.<br>MIAMI FL | ☒ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | S<br>Thompson, Joyce<br>5918 Mall St<br>Coral Gables, FL 33146 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>LOGUE, MARGARET<br>819 N. GREENWAY DRIVE<br>MIAMI FL | ☒ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | T<br>McGinnis, Florence<br>6310 SW 28 St<br>Miami, FL 33155 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (12/95)

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:** Florence McGinnis — 2/6/96 — 305-667-0176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florence McGinnis