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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 701259

1. Corporation Name

METROPOLITAN MIAMI FLOWER SHOW, INC.

Principal Place of Business

55 S.W. 17 ROAD  
MIAMI FL 33129  
US

Mailing Address

% F.M. MCGINNIS  
6310 S.W. 28TH STREET  
MIAMI FL 33155  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/01/1960

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, CAROL  
7900 S.W. 97TH TERRACE  
MIAMI FL 33156

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME JOHNSON, CAROL  
STREET ADDRESS 7900 S.W. 97TH TERRACE  
CITY-ST-ZIP MIAMI FL 33156

TITLE VPD ☐ DELETE

NAME HERZECA, JOSETTE D  
STREET ADDRESS 2505 GRANADA BLVD.  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VPD ☐ DELETE

NAME BING, BERNICE  
STREET ADDRESS 11297 S.W. 172 STREET  
CITY-ST-ZIP MIAMI FL 33157

TITLE RCD ☐ DELETE

NAME LUSK-SMITH, JANE  
STREET ADDRESS 350 WEST ENID DRIVE  
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE TD ☐ DELETE

NAME MCGINNIS, FLORENCE M  
STREET ADDRESS 6310 SW 28TH STREET  
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 617, 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 *Fluorescence* SIGNATURE REQUIRED

*Treas*

1/7/99

Date

Daytime Phone #

CR2E037 (1/98)