

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

CORPORATION ANNUAL REPORT 1995



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

APPROVED  
AND  
FILED

15 MAR 17 AM 7:46

DOCUMENT # **F42101** (8)

1. Corporation Name  
**EDEN FLORAL FARM, INC.**

CLERK OF STATE  
TALLAHASSEE, FLORIDA

400001436044  
-03/22/95--01034--001  
\*\*\*\*\*17.50 \*\*\*\*\*17.50  
DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

2682 N.W. 72ND AVENUE 2682 N.W. 72ND AVENUE  
MIAMI FL 33122 MIAMI FL 33122

2. Principal Place of Business	2a. Mailing Address
21	2c
Suite, Apt. #, etc	Suite, Apt. #, etc
22	27
City & State	City & State
23	28
Zip	Country
24	25
	29
	30

3. Date Incorporated or Qualified	3a. Date of Last Report
08/26/1981	04/26/1994
4. FEI Number	Applied For
50-2155000	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Certificate of Status Desired	\$8.75 Additional Fee Required
	X2
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	<input type="checkbox"/>
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

DE LA ROSA, PUBLIO  
2882 NW 72ND AVENUE  
MIAMI FL 33122

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

FL

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 title of office: \_\_\_\_\_  
Signature typed or printed name of registered agent and title of office: \_\_\_\_\_  
Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 1-)	
TITLE	ST DE LA ROSA, MARIA 2882 NW 72ND AVENUE MIAMI FL 33122	11 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY- ST- ZIP		14 CITY- ST- ZIP	
TITLE	PO DE LA ROSA, PUBLIO 2882 NW 72 AVE MIAMI FL 33122	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY- ST- ZIP		24 CITY- ST- ZIP	
TITLE	V STAIR, PETER 2882 NW 72 AVE MIAMI FL 33122	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY- ST- ZIP		34 CITY- ST- ZIP	
TITLE	STAIR, FUMIE 2882 NWnd, Ave. Miami, FL	41 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

400001436044  
-03/22/95--01034--002  
\*\*\*\*\*200.00 \*\*\*\*\*200.00

2-22-95

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 199.032, 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 transfer agent, or that I am authorized to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Maria Dela Rosa* 2-22-95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR