

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0034515

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **F64204**

(3)

1. Corporation Name

**INTERNATIONAL FLORAL CORP.**



Principal Place of Business

**7967 NW 21ST ST  
MIAMI FL 33122  
US**

Mailing Address

**7967 NW 21ST ST  
MIAMI FL 33122  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/22/1982**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** Zip Country

2a. Mailing Address

**26** **3750 W 131ST ST**

Suite, Apt. #, etc.

**27**

City & State

**28** **ALSIP, IL**

Zip Country

**29** **60803**

**30** **USA**

4. FEI Number

**58-1495485**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

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 **VPM** ☐ DELETE

NAME **SUMMERS, GEORGEAN**

STREET ADDRESS **3730 W. 131 STREET**

CITY-ST-ZIP **ALSIP IL 60658**

TITLE **T** ☒ DELETE

NAME **GOMEZ, HUGO L**

STREET ADDRESS **7967 NW 21 TERR**

CITY-ST-ZIP **MIAMI FL 33122**

TITLE **CHMN** ☐ DELETE

NAME **NAMEN, JACOB VAN**

STREET ADDRESS **3730 W. 131 ST**

CITY-ST-ZIP **ALSIP IL 60658**

TITLE **P** ☐ DELETE

NAME **NAMEN, JACK VAN**

STREET ADDRESS **3730 W. 131 ST.**

CITY-ST-ZIP **ALSIP IL 60658**

TITLE **S** ☐ DELETE

NAME **BARMER, JOHN-CAMPBELL**

STREET ADDRESS **7967 NW 21ST ST**

CITY-ST-ZIP **MIAMI FL 33122**

TITLE **AS** ☐ DELETE

NAME **KEATE, LEANNE**

STREET ADDRESS **3730 W. 131 ST.**

CITY-ST-ZIP **ALSIP IL 60658**

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Leanne Keate*

2/28/98

(702) 376-1372

CR2E034 (5/98)