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FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F79386

(1)

1. Corporation Name

FLOWER IMPORTERS, INC.



Principal Place of Business

Mailing Address

% YOLANDA ALVAREZ
2231 SW 82ND PLACE
MIAMI FL 33155

% YOLANDA ALVAREZ
2231 SW 82ND PLACE
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

ADRIANA, ALFRONSO
2231 S.W. 82 PLACE
MIAMI FL 33155

81 Name

YOLANDA ALVAREZ

82 Street Address (P.O. Box Number is Not Acceptable)

83 2231 SW 82 Place

84 City

Miami

FL

85 Zip Code

33155

10. Name and Address of New Registered Agent

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

Adriana Alfronso

5-8-98

12. OFFICERS AND DIRECTORS

TITLE NAME PVPS ALFRONSO, ADRIANA
STREET ADDRESS 8260 S.W. 36 STREET
CITY- ST- ZIP MIAMI FL

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE YOLANDA ALVAREZ
1.2 NAME
1.3 STREET ADDRESS 2231 SW Place
1.4 CITY- ST- ZIP Miami, FL 33155

2.1 TITLE
2.2 NAME President
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
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 manager 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 my new address with an address.

SIGNATURE:

Adriana Alfronso

4-15-98

888-8489

CR2E034 (10/97)