

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95387** (9)  
1. Corporation Name  
**FANTASY FLOWERS, INC.**



Principal Place of Business <b>271 ALHAMBRA CIRCLE CORAL GABLES FL 33134 US</b>	Mailing Address <b>271 ALHAMBRA CIRCLE CORAL GABLES FL 33134-5103 US</b>
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3. Date Incorporated or Qualified <b>08/11/1982</b>	3a. Date of Last Report <b>04/15/1996</b>
4. FEI Number <b>59-2236065</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**PIEDRA, GLADYS  
2477 S.W. 19 ST.  
MIAMI FL 33145**

10. Name and Address of New Registered Agent

81 Name <b>Jesus R. Gonzalez</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2160 SW 137 Place</b>
83
84 City <b>Miami</b>
85 Zip Code <b>FL 33175</b>

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 registering)

1/10/97

12. OFFICERS AND DIRECTORS

TITLE <b>PTD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>PIEDRA, GLADYS</b>	
STREET ADDRESS <b>2477 S.W. 19 ST.</b>	
CITY-ST-ZIP <b>MIAMI FL 33145</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PTD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>MARIA TERESA ZORRILLA</b>	
1.3 STREET ADDRESS <b>1800 S.W. 15 STREET</b>	
1.4 CITY-ST-ZIP <b>MIAMI, FLA. 33145</b>	
2.1 TITLE <b>VP/SEC</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>MARIA T. SIERRA</b>	
2.3 STREET ADDRESS <b>1811 SW 107 AVE # 2308</b>	
2.4 CITY-ST-ZIP <b>MIAMI, FL. 33165</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97

Date

(005) 445-3414

Daytime Phone #

0182339

CR2E034 (9/96)