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Mar 16, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F98000005950

1. Corporation Name
FLORAL RESOURCES/HAWAII, INC.

Principal Place of Business
175 E. KAWAILANI STREET
HILO HI 96720

Mailing Address
175 E. KAWAILANI STREET
HILO HI 96720



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/26/1998

4. FEI Number
99-0165509

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 [] 22 [] 23 [] 24 []

2a. Mailing Address

26 [] 27 [] 28 [] 29 []

25 [] 30 []

9. Name and Address of Current Registered Agent

OLMOS, LILY
2003 NW 70TH AVE.
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name
MARISSA PECINA

82 Street Address (P.O. Box Number is Not Acceptable)
3301 NW 97th AVE.

83 []

84 City
MIAMI

85 Zip Code
FL 33172

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 *Marissa Pecina* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE DELETE
NAME INOUE, VERNON B
STREET ADDRESS 215 PAUKAA DRIVE
CITY-ST-ZIP HILO HI 96720

2.1 TITLE DELETE
NAME INOUE, VERNON B GORDON E
STREET ADDRESS 175 E. KAWAILANI STREET
CITY-ST-ZIP HILO HI 96720

3.1 TITLE DELETE

4.1 TITLE DELETE

5.1 TITLE DELETE

6.1 TITLE DELETE

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, with all other like empowered.

SIGNATURE: *[Signature]* 2/2/99 808 959-5851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)