FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 23 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G29685 (6)

1. Corporation Name
FLORICAL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2151 NORTHWEST 13TH AVENUE MIAMI FL 33142	2151 NORTHWEST 13TH AVENUE MIAMI FL 33142

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/07/1983
3a. Date of Last Report: 03/25/1994

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 59-2510811 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SANTANA, JOSEPH E.
4717 ADAMS ST
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4901 MONROE ST.
83
84 City: HOLLYWOOD FL 85 Zip Code: 33021

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SANTANA, JOSEPH E.	1.2 NAME	SANTANA, JOSEPH E.	
STREET ADDRESS	4717 ADAMS ST	1.3 STREET ADDRESS	4901 MONROE ST.	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	HOLLYWOOD FL. 33021	
TITLE	VTD	2.1 TITLE	VTD	☒ Change ☐ Addition
NAME	SANTANA, MELVIN P.	2.2 NAME	SANTANA, MELVIN P.	
STREET ADDRESS	5803 GARFIELD STREET	2.3 STREET ADDRESS	3233 ARTHUR TERR.	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	HOLLYWOOD FL. 33021	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	SANTANA, ZENA	3.2 NAME	SANTANA, B.ZENA	
STREET ADDRESS	4717 ADAMS ST	3.3 STREET ADDRESS	4901 MONROE ST.	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	HOLLYWOOD FL. 33021	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 119.07(3)(k), 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: Joseph E. Santana 1/11/95 305-324-1621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0151220 CP