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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 641540

1. Corporation Name

EUROFLORA, INC



## May 07, 1999 8:00 am Secretary of State

05-07-1999 90022 019 \*\*\*150.00

Principal Place of Business
3560 NW 535t
5 1 n 0 61 323/19
FT LAUD. F1. 33309

Mailing Address

D11 RH 11233

City & State  23	3360	10 W 3021	<b>P.</b> O.	DO VIG	7/	20				
3. Date Incorporated or Qualified   3. Date Incorporated	ETIA	1 AUD. F1. 33309 FT LAUD 77. 35337					DO NOT WRITE IN THIS SPACE			
2. Mailing Address   2. Mailing Address   4. FEI Number   Applied Fort	7 ( 2702 ) 7 ( 2702 )						3. Date Incorporated or Qualifed			
Surie, Apt. #, etc.	2. Driver of Divisors of Divisors						4 EEI Number		antiad Co.	
Suite, Apt #, etc.    Suite, Apt #, etc.   Suite, Apt #, etc.   South Apt #, etc.   Status Desired   S8.75 Additional   Fee Required   Fee Required   Fee Required   S7.00 May Be Addition   Section Status Desired   S7.00 May Be Addition   Section Status Desired Agent   S7.00 May Be Addition   S	— · — — · — — · — · — · — · · — · · · ·							<del></del>	··	
City & State   City							3102/000/	· · · · · · · · · · · · · · · · · · ·		
Zip	22	#, <del>G</del> IC.	— `	<b>⊢</b> '''			5. Certifcate of Status Desired			
23    28    29    20	City & State	e	City 8	City & State			6. Election Campaign Financing	<b>□</b> \$5.00	May Be	
25   28   29   30   Personal Property Tax							Trust Fund Contribution	Added	to Fees	
9. Name and Address of Current Registered Agent  CATTENA, JOSE LUIS 67 21 NUW 38 WAY FT LAND F7. 33309  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 agent. I am familiar with, and accept the obligations of. Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  PD  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INDEED ADDRESS  CONT. ST.2P  TITLE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INDEED ADDRESS  SIRRET ADDRESS  CONT. ST.2P  TITLE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INDEED ADDRESS  CONT. ST.2P  TITLE  OFFICERS AND DIRECTORS IN 12  INDEED ADDRESS  SIRRET ADDRESS  CONT. ST.2P  TITLE  OFFICERS AND DIRECTORS IN 12  INDEED ADDRESS  SIRRET ADDRESS  CONT. ST.2P  OFFICERS AND DIRECTORS IN 12  INDEED ADDRESS  SIRRET ADDR						/	'			
### CATENARY TOSE LUIS ### CITY TUND TO THE CONTROL OF	24				) _				LETNO .	
## CATENA, TOSE LUIS 67 21 NW 28 WAY FT LAUD F7, 33309  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 negistered agent. I am familiar with, and accept the obligations of, Section 607 0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its negistered agent. I am familiar with, and accept the obligations of, Section 607 0505. Florida Statutes.  ### Signature type of ormate saver at migrature agent and that a spaceable.  ### PD ### Signature type of ormate saver at migrature agent and that a spaceable.  ### PD ### Signature type of ormate saver at migrature agent and that a spaceable.  ### PD ### Signature type of ormate saver at migrature agent and that a spaceable.  ### PD ### Signature type of ormate saver at migrature agent and that a spaceable.  ### PD ### Signature type of ormate saver at migrature agent and that a spaceable.  ### PD ### Signature type of ormate saver at migrature agent and that a spaceable.  ### PD ### Signature type of ormate saver at migrature agent and that a spaceable.  ### PD ### Signature type of ormate saver and the familiar agent agent and that a spaceable.  ### PD ### Signature type of ormate saver and migrature agent and that a spaceable.  ### PD ### Signature type of ormate saver and migrature agent and that a spaceable.  ### PD ### Signature type of ormate saver and migrature agent and that a spaceable.  ### PD ### Change Addition  ### Addition  ### Change Addition  ### Addition  ### Signature type of ormate saver and and migrature agent and the first agent agent agent and and a spaceable agent age	Name and Address of Current Registered Agent									
### City   FL   85   Zip Code		ant in The	111	10	81	81 Name				
### City   FL   85   Zip Code	CATENA, JOSE COIS					82 Street Address (P.O. Box Number is Not Acceptable)				
1. 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 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, 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    12.	6121 NW 28 WAY				83					
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 argent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature   Sequence   Sequence	FT CAUD 77. 33309				84	City		<b>F</b> ] 85 Zip	Code	
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, 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, 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, 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, or both in a deception of the final accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  12.	11 Pursuant t	to the provisions of Sections 607.05	02 and 607 150	8 Florida Statutes	the abov	e-named corn	oration submits this statement for the nu		s registered	
SIGNATURE   Signature typed or primate name of registered agent of the fill applicable.   (NOTE: Registered Agent Signature required when retireations)	office or re	egistered agent, or both, in the State	e of Florida. Suc	h change was auth	orized by	the corporation	on's board of directors. I hereby accept	the appointment as re	egistered	
12	-									
DELETE   1.1 TITLE     Change   Addition	SIGNATURE	Signature, typed or printed name of registered age	ent and little if applicab	ie. (NOTE: Re	gistered Age	nt signature required	d when reinstating)	DATE	···	
NAME   CATEVIATIONESS   CITY-ST-ZIP   TITLE   Change   Addition	12.	OFFICERS A	ND DIRECTORS	S	13.	• • • •	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	ORS IN 12	
12 NAME   1.3 NAME	TITLE	Do		☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
MAME	NAME				12 NAME					
MAME	STREET ADDRESS	CATEUA V.CO	YAU	0	1.3 STREE	TADORESS				
MAME	CITY-ST-ZIP	ET I ALLO ED DAT	6 F1.	33307	1.4 CITY-S	ST-ZIP				
23 STREET ADDRESS   24 CITY-ST-ZIP   24 CITY-ST-ZIP		<del></del>		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
CITY-ST-ZIP	NAME				2.2 NAME					
CITY-ST-ZIP	STREET ADDRESS				2.3 STREE	TADDRESS				
TITLE	i									
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP	-			DELETE				Change	Addition	
STREET ADDRESS	NAME			3	3.2 NAME	Ì			Ì	
STREET ADDRESS   SA CITY-ST-ZIP   SA CITY-ST-ZIP   Addition   Change   Addition   Addi	-!	-				TADORESS				
TITLE						i i				
NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  DELETE  5.1 TITLE  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY- ST- ZIP  TITLE  DELETE  6.1 TITLE  Change Addition Change Addition Change Addition Change				DELETE				☐ Change	Addition	
STREET ADDRESS   4.3 STREET ADDRESS   4.4 CITY-ST-ZIP					4. 2 NAME					
CITY-ST-ZIP         4 4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         SA CITY-ST-ZIP         Change         Addition           NAME         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         STREET ADDRESS         STREET ADDRESS	Į.				l	TADDRESS			}	
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         STREET ADDRESS         CTTTLE										
NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY- ST- ZIP         5.4 CITY- ST- ZIP           TITLE         DELETE         6.1 TITLE           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS				☐ DELETE				☐ Change	Addition	
STREET ADDRESS         5.3 STREET ADDRESS           CITY- ST- ZIP         5.4 CITY- ST- ZIP           TITLE         DELETE         6.1 TITLE           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS					5.2 NAME					
CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         6.3 STREET ADDRESS         6.3 STREET ADDRESS					5.3 STREE	TADDRESS				
TITLE DELETE 6.1 TITLE Change Addition  NAME 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS					5.4 CITY-S	T-ZIP				
NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS				☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
STREET ADDRESS 6.3 STREET ADDRESS					6.2 NAME					
0.4077/77 775					6.3 STREE	TADDRESS			1	
	CITY-ST-ZIP				6.4 CITY-S	T-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 perporation of 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

954-777-3/8/ Daytime Phone #

CR2E034 (11/98)