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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G74972

1. Corporation Name

BOLIVIAN FLOWER IMPORT & EXPORT CORPORATION

| Principal Place of Business Mailing Address | | | | | 1 | E EIMT MIMIT ØTRET MINET AFRIT I | 81811 81811 1891 |
|--|---|---|--|---|---|--|--|
| 2101 NW 97 AVE | | P.O. BOX 52-1034 | | | | | |
| MIAMI FL 33172 | | MIAMI FL 33152 | | | | | |
| US | | US | | | | IN THIS SPACE | |
| | | | | | 3. Date Incorporated or Qualifed | • | |
| | | | | | 11/08/1983 | · · · · · · · · · · · · · · · · · · · | |
| 2. Principal PI | ace of Business | 2a. Mailing Address | | - | 4. FEI.Number | · / | plied For |
| 21 | | 26 | | | <u>59-23437</u> 40 | | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | □ \$8.75 A Fee Re | I |
| 22 | | 27 | | | | | |
| City & State | е | City & State | | | 6. Election Campaign Financing | □ \$5.00 | |
| 23 | | 28 | Causta | | Trust Fund Contribution | Added t | io Fees |
| Zip | Country | Zip | Country | y | 8. This corporation owes the current | t year Intangible | □No |
| 24 | 25 | | 30 | | Personal Property Tax. 10. Name and Address of New Re | | |
| | 9. Name and Address of Currer | nt Registered Agent | 81 | Name | 10. Name and Address of New Ke | gistered Agent | |
| LICH | ITENSTEIN, GUY | | " | 14dillo | | | |
| | 00 SW 104 TERR | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable | e) | Ì |
| MIAMI FL 33186 | | | 83 | | 1 2 2 3 3 4 6 1 3 4 5 1 3 5 1 | <u> </u> | 19.30 |
| WILL | 411 1 E 00 100 | | 03 | ' | | | |
| | | | 84 | City | | 85 Zip (| Code '' |
| | | | <u></u> | <u> </u> | | | |
| 11. Pursuant | to the provisions of Sections 607.050 | 02 and 607.1508, Florida Statutes | s, the abov shorized by | e-named corpo the corporation | oration submits this statement for the pun's board of directors. I hereby accept | irpose of changing its the appointment as re | gistered |
| agent. I a | m familiar with, and accept the obliga | ations of Section 607.0505, Florid | Statute | 5 | n's board of directors. I hereby accept | aa |] |
| | - ノ しょひ しここんて | | un | | 1 | -11-99 | ŀ |
| SIGNATURE | X IVV I IA ~ WY | V | 0. | 000101 | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | · 1 |
| SIGNATURE | Signature, typed or printed name of registered age | ent and title if applicable. (NOTE: F | Registered Age | ent signature required | when reinstating) | DATE | |
| SIGNATURE | OFFICERS AN | ent and title if applicable. (NOTE: F ND DIRECTORS | Registered Age | | | DATE CERS AND DIRECTO | |
| | PDS OFFICERS AN | ent and title if applicable. (NOTE: F | Registered Age | | when reinstating) | DATE | DRS IN 12 |
| 12. | OFFICERS AND PDS LICHTENSTEIN, GUY | ent and title if applicable. (NOTE: F ND DIRECTORS | Registered Age | | when reinstating) | DATE CERS AND DIRECTO | |
| 12. | PDS LICHTENSTEIN, GUY 13500 SW 104 TERR | ent and title if applicable. (NOTE: F ND DIRECTORS | 13. 1,1 TITLE 1,2 NAME | | when reinstating) | DATE CERS AND DIRECTO | |
| 12. TITLE NAME | OFFICERS AND PDS LICHTENSTEIN, GUY | ent and title if applicable. (NOTE: F | 13. 1,1 TITLE 1,2 NAME | ent signature required | when reinstating) | DATE CERS AND DIRECTO Change | Addition |
| 12. TITLE NAME STREET ADDRESS | PDS LICHTENSTEIN, GUY 13500 SW 104 TERR | ent and title if applicable. (NOTE: F ND DIRECTORS | 1.1 TITLE 1.2 NAME 1.3 STREE | ent signature required | when reinstating) | DATE CERS AND DIRECTO | |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AN PDS LICHTENSTEIN, GUY 13500 SW 104 TERR MIAMI FL 33186 V LICHTENSTEIN, ANGELA | ent and title if applicable. (NOTE: F | Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE | ent signature required | when reinstating) | DATE CERS AND DIRECTO Change | Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | PDS LICHTENSTEIN, GUY 13500 SW 104 TERR MIAMI FL 33186 V | ent and title if applicable. (NOTE: F | Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME | ent signature required | when reinstating) | DATE CERS AND DIRECTO Change | Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | OFFICERS AN PDS LICHTENSTEIN, GUY 13500 SW 104 TERR MIAMI FL 33186 V LICHTENSTEIN, ANGELA | ent and title if applicable. (NOTE: F | Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME | ert ADDRESS | when reinstating) | DATE CERS AND DIRECTO Change Change | ☐ Addition |
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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 suppliemental 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 an attachment with an address, with all other like empowered.

SIGNATURE: