

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J03152**
1. Corporation Name **Blossoms on Brickell, Inc.**
600 Brickell Ave. Suite 103
Miami, FL 33131

Principal Place of Business **600 Brickell Ave. Suite 103**
Miami, FL 33131
Mailing Address **1250 SW 22 St.**
Miami, FL 33145

2. Principal Place of Business
21 **600 Brickell Ave.**
Suite, Apt., etc. **103**
City & State **Miami, Florida**
Zip **33131** Country **United States**
2a. Mailing Address
26 **1250 SW 22 St.**
Suite, Apt., etc.
City & State **Miami, Florida**
Zip **33131** Country **United States**

3. Date Incorporated or Qualified
3a. Date of Last Report
4. FEI Number **59-2666141**
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

Sylvia Milsen
600 Brickell Ave. Suite 103
Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name **Kim Stevens**
82 Street Address (P.O. Box Number is Not Acceptable)
1250 SW 22 St.
83
84 City **Miami** FL 85 Zip Code **33145**

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 **President**
Signature of, typed or printed name of registered agent and title of agent

3/14/96
Signature of, typed or printed name of registered agent and title of agent

12. OFFICERS AND DIRECTORS

TITLE	President, Director	☒ DELETE
NAME	Sylvia Milsen	
STREET ADDRESS	600 Brickell Ave. Suite 103	
CITY, ST, ZIP	Miami, FL 33131	
TITLE	Vice President, Director	☒ DELETE
NAME	Agusto De La Flor	
STREET ADDRESS	14700 NW 7th Ave.	
CITY, ST, ZIP	Miami, FL 33169	
TITLE	Secretary / Treasurer, Director	☒ DELETE
NAME	Lillian De La Flor	
STREET ADDRESS	14700 NW 7th Ave.	
CITY, ST, ZIP	Miami, FL 33169	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	President	☒ Change ☐ Addition
2. NAME	Kim Stevens	
3. STREET ADDRESS	1250 SW 22 St.	
4. CITY, ST, ZIP	Miami, FL 33145	
5. TITLE	Secretary / Treasurer	☒ Change ☐ Addition
6. NAME	John W. Stevens, III	
7. STREET ADDRESS	1250 SW 22 St.	
8. CITY, ST, ZIP	Miami, FL 33145	
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. 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: **Kim Stevens**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96 **(305)358-0560**
Day Phone

CR2E034 (12/95)