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

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 22 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J89097 (6)THE FLOWER CLUB, INC. Mailing Address Principal Place of Business % LIGIA ACEVEDO % LIGIA ACEVEDO 12118 SW 117TH CT 12118 SW 117TH CT DO NOT WRITE IN THIS SPACE MIAMI FL 33186 MIAMI FL 33186 3. Date Incorporated or Qualified 08/21/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0088426 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζip Country Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 29 30 Personal Property Tax due June 30. Yes Yes 10, Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GOLDBERG, THEODORE M ESQUIRE 3250 MARY STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 400 83 COCONUT GROVE FL 33133 84 City 85 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE TITLE Change Addition CR2E034 ACEVEDO-CRYSTAL, LIGIA NAME 1.2 NAME 4150 CRAWFORD AVE STREET ADDRESS 1.3 STREET ADDRESS COCONUT GROVE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE ACEVEDO, JUAN 22 NAME NAME 12118 SW 117 CT STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL S, VP CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE AČEVEDO, IGNACIO NAME 3.2 NAME 13555 SW 119 STR STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition DITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change TITLE DELETE 6.1 TITLE ■ Addition NAME 6.2 NAME 6.3 STREET ADDRESS 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 13 if changed, or on an attachment with an address.

CITY-ST-ZIP

SIGNATURE: