FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1:05

DOCUMENT # K81759 (8)

1. Corporation Name

LAS VEGAS FLOWER SHOPPE, INC.

Principal Place of Business

109 SW STATE RD 7
PLANTATION FL 33317

Mailing Address

109 SW STATE RD 7
PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/19/1989	05/01/1994

4. FEI Number: 65-0116317 — 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

2. Principal Place of Business	2a. Mailing Address
21 Las Vegas f Shope	26 109 S. State Rd 7
22 Suite, Apt. # etc.	27 Suite, Apt. # etc.
23 City & State: Plantation	28 City & State: Plantation FL
24 Zip: 33317 — 25 Country: FL	29 Zip — 30 Country

9. Name and Address of Current Registered Agent

VEGA, GLORIA S.
109 SW STATE RD 7
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 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: Gloria Vegan — Date: 04-24-95

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	VEGA, GLORIA
STREET ADDRESS	109 SW STATE RD 7
CITY-ST-ZIP	PLANTATION FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(Change / Addition — blank)

14. I do 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 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: Gloria Vegan Presd. — 04-24-95 — 3219175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0433735 FP