


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

APPROVED  
AND  
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97 MAY -1 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # K94655 (3)</b> 1. Corporation Name <b>BRICKELL WORLD-WIDE FLOWER COMPANY, INC.</b>			
Principal Place of Business <b>2300 CORAL WAY MIAMI FL 33145</b>		Mailing Address <b>2300 CORAL WAY MIAMI FL 33145-3511</b>	
2. Principal Place of Business 21 <b>2300 CORAL WAY</b> Suite, Apt #, etc. 22 <b># 200</b> City & State 23 <b>MIAMI FLORIDA</b> Zip 24 <b>33145</b> Country 25 <b>US</b>		2a. Mailing Address 26 <b>2300 CORAL WAY</b> Suite, Apt #, etc. 27 <b># 200</b> City & State 28 <b>MIAMI FLORIDA</b> Zip 29 <b>33145</b> Country 30 <b>US</b>	
9. Name and Address of Current Registered Agent <b>FLORIDA ANNUAL REPORT SERVICE INC. 2300 CORAL WAY #200 MIAMI FL 33145</b>			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>			
11. Pursuant to the provisions of Sections 607.0509 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 provisions of Section 607.0505, Florida Statutes. SIGNATURE: <i>Amada Cantera Lopez</i> <b>AMADA CANTERA LOPEZ, PRES</b> 4/28/97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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 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 in an attachment with an address.			
SIGNATURE: <i>William Kissel</i> <b>REQUIRED</b> 4-28-97 DATE: Daytime Phone # 0202015			



CR2E034 (9/96)