

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # L34180

(4)

95 MAY -1 AM 11:44

1. Corporation Name
MULTIFLOWER CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**C/O ROBERT S. TURK, ESQUIRE
ONE BISCAYNE TOWER, 2 S. BISCAYNE BLVD.
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/30/1989** 3a. Date of Last Report **08/23/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0160888	Not Applicable
22. State Apt # etc	27. State Apt # etc	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. ZIP	25. County	29. ZIP	30. County
		29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**VALDES-FAULI CORPORATE SERVICES, INC.
ONE BISCAYNE TOWER
2 S. BISCAYNE BLVD
MIAMI FL 33131**

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 (1)(c) and 607 (1)(d) 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607 (1)(d) Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE	DST
2. NAME	SALAS, ANTHONY
3. STREET ADDRESS	2 S. BISCAYNE BLVD.
4. CITY & STATE	MIAMI FL
5. TITLE	DP
6. NAME	HERNANDEZ, GUSTAVO
7. STREET ADDRESS	2 S. BISCAYNE BLVD.
8. CITY & STATE	MIAMI FL
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY & STATE	
25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME	
27. STREET ADDRESS	
28. CITY & STATE	
29. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME	
31. STREET ADDRESS	
32. CITY & STATE	
33. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34. NAME	
35. STREET ADDRESS	
36. CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and correct, and qualify for the exemption stated in Section 119 (07)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and made under oath. That I am an officer or director of the corporation or the registered 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Salas 4/24/95 (305) 592-9454