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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L71607

(0)

FAST & EASY FLOWERS, CORP.

FILED May 05 1998 8:00am Secretary of State

uling Address	
O LOURDES FERNANDEZ 61 EAST OKEECHOBEE ROAD	DO NOT WRITE IN THIS SPACE

761 EAST OKEECHOBEE ROAD 761 EAST OKEECH		C/O LOURDES FERNA 761 EAST OKEECHOBI HIALEAH FL 33010			DO NOT WRITE IN THIS SPA 3. Date Incorporated or Qualified 05/07/1990	CE	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0195664	Not Applicable	
		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	7(p 29	Countr 30	у	8. This corporation owes or has paid the current Personal Property Tax due June 30.	es 🗶 No	
	Name and Address of Cu	rrent Registered Agent	81	Name	10. Name and Address of New Registered Age	ont /	
	LDES, ALEIDA						
761 EAST OKEECHOBEE ROAD HIALEAH FL 33010				82 Street Address (P.O. Box Number is Not Acceptable) 83			
			0.	'			
•			84	City	FL ⁶	5 Zip Code	
11. Pursuant office or ragent I a	to the provisions of Sections 607 egistered agent, or both, in the 5 m femiliar with and accord the c	.0502 and 607 1008, Florida Stat trate of Florida, Such change was bligated by Section 607.0505, f	utes, the above authorized b Florida Statute	ve-named co by the corpor es.	propration submits this statement for the purpose of characters board of directors. I hereby accept the appoint	anging its registered ment as registered	
SIGNATURE	Meide	lacks			4/27/48	<u> </u>	
12.	Signature, typed or printed name of registers Out ICE 05	o agent and tific if applicable (NO AND DIRECTORS	13.	jent signature ren	ADDITIONS/CHANGES TO OFFICERS AND DI	DECTORS IN 12	
TOTLE	PDST	DELETE	1.1 TITLE	(4)		Change Addition	
NAME	VALDES, ALEIDA	 ·	1.2 NAME	1.7	LAC 18 C C 3 L L V		
STREET ADDRESS	761 E. OKEECOBEE RD.		1	T ADDRESS	, , , , , , , , , , , , , , , , , , , ,		
CITY-ST-ZIP	HIALEAH FL 33010	1	1.4 CiTY-	ST-ZIP	MIGMI FE 33116		
TITLE		OFLETE	2.1 TITLE	7	OC U	Change Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS	aldes creises		
CITY-ST-ZIP	· 		2. 4 CITY-	ST-ZIP 7	61 Eckenstates Kan		
TITLE		DELETE	3.1 TITLE		Accent Pt 33000 1	Change	
NAME			3.2 NAME])	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		□ britte	3.4. C(TY-	ST-ZIP		Change Addition	
TITLE		DELETE	4.1 TITLE		L	Change Addition	
NAME CTREET ADDRESS			4, 2 NAMI		· ·		
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	31-ZIF		Change	
NAME		<u> </u>	5.2 NAME	1	· 		
STREET ADDRESS				T ADDRESS	· ·		
CITY-ST-ZIP			5.4 CITY-				
TITLE		DELETE	6.1 TITLE	·		Change Addition	
NAME			6.2 NAME	-			
STREET ADDRESS			6.3 STREE	ADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP		i	

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 trystee empewered to expecute 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.

4/22 /ax/2 close 375