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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L87861** (5)

1. Corporation Name
CUNNINGHAM'S FRESH FLOWERS, INC.

Principal Place of Business
**200 S. BISCAYNE BLVD
#550A
MIAMI FL 33131**

Mailing Address
**200 S. BISCAYNE BLVD
#550A
MIAMI FL 33131-2310**



3. Date Incorporated or Qualified
07/19/1990

3a. Date of Last Report
07/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
65-0223942

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TURBAY, MIGUEL E
608 N.W. 57TH AVENUE
MIAMI FL 33126**

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 607.002 and 607.0508, 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

Miguel Turbay

Signature typed or printed name of registered agent and agent, if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME
**PD
BARGER, VELDON L
780 S.W. 59TH PLACE
SOUTH MIAMI FL 33126**

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY- ST- ZIP

14 CITY- ST- ZIP

TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME
**SD
TURBAY, MIGUEL E
608 N.W. 57TH AVE.
MIAMI FL 33143**

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY- ST- ZIP

24 CITY- ST- ZIP

TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY- ST- ZIP

34 CITY- ST- ZIP

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY- ST- ZIP

44 CITY- ST- ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY- ST- ZIP

54 CITY- ST- ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY- ST- ZIP

64 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, Block 13, Block 14, or on an attachment with an address.

SIGNATURE

Veldon L Barger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

305 573-0050
Daytime Phone #
0173736

CR2E034 (9/96)