


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR 16 AM 11:13 with 4/20	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L97000001097		1a. Principal Place of Business Address	
THE FINEST FLOWERS IN THE WORLD, L.C. 19355 N.E. 36TH COURT, SUITE 18-K AVENTURA FL 33180				19355 N.E. 36TH COURT, SUITE AVENTURA FL 33180	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
10800 Biscayne Blvd Suite, Apt. #, etc. Suite 580 City & State Miami, FL Zip 33161		Suite, Apt. #, etc. City & State Country		10/02/1997 FL	
				4. FEI Number 65-0786898 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$875 Additional Fee Required	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
TRUXTON, GREGG S C/O BOLANOS, TRUXTON & YOUNGS, P.A. 2121 PONCE DE LEON BLVD., SUITE 600 CORAL GABLES FL 33134		Name Street Address (P.O. Box Number is Not Acceptable) 700002497017--3 Suite, Apt. #, etc. -04/22/98--01099--010 ***188.75 ***188.75 City FL Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	ABOUT, JAMES R	19355 N.E. 36TH COURT, SUI		AVENTURA FL	
MGR	QUIJANO, MARIA C	19355 N.E. 36TH COURT, SUI		AVENTURA FL	
MGR	Azout, Jose R.	10800 Biscayne Blvd Suite 580		Miami, FL 33161	
MGR	Quijano, Maria C.	10800 Biscayne Blvd Suite 580		Miami, FL 33161	
MGR	Azout, Jack S.	10800 Biscayne Blvd Suite 580		Miami, FL 33161	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or member of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears on an attachment with an address.

SIGNATURE: X Jose R. Azout

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

X 04-13-98

Date

Daytime Phone #