

OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90011 004 ***558.75

DOCUMENT # **M07075** ✓
Corporation Name

COLOR FLOWERS, INC.

Principal Place of Business
9 SW 127 STREET
MI FL 33176

Mailing Address
P. O. BOX 522186
MIAMI FL 33152-2186



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/29/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2461641	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent PRADILLA, MANUEL A 10109 SW 127 STREET MIAMI FL 33176				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	

Pursuant to the provisions of sections 607.0502 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 obligations of, section 607.0505, Florida Statutes.

SIGNATURE		OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
ET ADDRESS	ST-ZIP	DP PRADILLA, MANUEL A 10109 SW 127 STREET MIAMI FL 33176	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS	ST-ZIP	DST PRADILLA, ADA 10109 SW 127 STREET MIAMI FL 33176	<input type="checkbox"/> DELETE	1.2 NAME	
ET ADDRESS	ST-ZIP	DV TERWENGEL, FIENTJE 10109 SW 127 STREET MIAMI FL 33176	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	2.2 NAME	
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	3.2 NAME	
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	4.2 NAME	
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	5.2 NAME	
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	6.2 NAME	
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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 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 on an attachment with an address.

SIGNATURE:

[Signature]

09/02/99 305-235-0630

CRZE034 (5/99)