

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M17726

(4)

1. Corporation Name

GABRIEL FLOWERS INC.



Principal Place of Business

P.O BOX 523267
MIAMI FL 33152

Mailing Address

P.O BOX 523267
MIAMI FL 33152

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LEAL, DOMINGO A.
2337 S.W. 105 CT.
MIAMI FL 33165

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified
07/08/1985

3a. Date of Last Report
05/24/1995

4. FEI Number
59-2553893

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0102 and 607.1503, 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, hereby accepting the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to execute this statement

Signature of the person who is authorized to execute this statement

Signature of the person who is authorized to execute this statement

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

P
DOMINGO, LEAL A.
2337 SW 105 CT.
MIAMI FL

☐ DELETE

2. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

STD
LEAL, ELIDA L.
2337 S.W. 105 CT.
MIAMI FL

☐ DELETE

3. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

4. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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5. TITLE

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6. TITLE

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7. TITLE

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8. TITLE

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CITY-STATE-ZIP

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9. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

10. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOMINGO, LEAL A.

48-96 (305)543-5022

CR2E034 (12/95)