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PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # M52898

OLD CUTLER FLORIST AND PHOTOS, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90018 024 \*\*\*\*\* 150.00



**FILED** 

Principal Place	of Business	Mailing Address					
C/O JESUS O. C		C/O JESUS O. COURET		• •			
20283 OLD CUTLER RD		20283 OLD CUTLER RD			DO NOT WRITE IN THIS SPACE		
MIAMI FL 33189		MIAMI FL 33189		3. Date Incorporated or Qualifed			
US		US		•			ì
					05/29/1987	Appli	ied For
2. Principal Pla	ice of Business	2a. Mailing Address			4 FEI Number	ļ	Applicable
<del></del>	ice of pasitions	26			65-0034648		<del></del>
21		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ad	
Suite, Apt. #	, etc.	<b>├</b> ¬ ' '			5. Certificate of Citatus 2 same 2	Fee Requ	JILEO -
22	<del></del>	City & State		6. Election Campaign Financing \$5.00 May Be			
City & State	•	<del></del> ¬			Trust Fund Contribution	Added to	Fees
23	·	28	Carrata		8. This corporation owes the current ye	ar Intangible	
Zip	Country	Zip	Country	у		☐Yes [	∃No
<del>_</del>	25	4.7	30		Personal Property Tax.  10. Name and Address of New Regist	ered Agent	· · · · · ·
<u> </u>	-9. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	sted Agent	
1.045 JS49 8	3		81	1 Name			
COU	RET, JESUS O.		Ļ	0 00 0 0	ess (P.O. Box Number is Not Acceptable)	<del></del>	
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			8	4 City		85 Zip Ci	ode
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15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/ n. 1 m	2 and 607 1508 Florida Statute	es, the abo	ve-named corp	oration submits this statement for the purpo	oppointment as rec	istered
11 Pursuant	to the provisions of Sections 607.0302	of Florida. Such change was a	uthorized b	y the corporation	oration submits this statement for the purpoon's board of directors. I hereby accept the	appointment as reg	,515.51
agent I a	egistered agent, or both, in the State of in familiar with, and accept the obligat	tions of, Section 607 0505, Flor	ida Statute	es.	•		
SIGNATURE			,			ATE	<del></del>
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable (NOTE:	Registered Ac	gent signature require	ADDITIONS/CHANGES TO OFFICE		RS IN 12
12.	OFFICERS AN	ID DIRECTORS	13.	<u>.                                    </u>		☐ Change	Addition
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CITY-ST-ZIP	MIAMI FL			/-ST-ZIP		☐ Change	Addition
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· ·	COURET, IDELENA		2.2 NAM	erc l			
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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 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 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 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 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 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 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 indicated on this annual report or supplemental 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 indicated on this annual report or supplemental annual report or supplem

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99 (305)255-1922 Dayline Phone #