FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL -5 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M63023 (9)

1. Corporation Name
FLORAL FAMILY, INC.

Principal Place of Business
7162 N.W. 50TH STREET
MIAMI FL 33166

Mailing Address
7162 N.W. 50TH STREET
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/25/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0014954 ☐ 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

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent
FITZGERALD, J. PATRICK
150 W. FLAGLER STREET, SUITE #2701
MIAMI FL 33130

10. Name and Address of New Registered Agent
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 607.0502 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 ______ (Signature, Typed or Printed Name of Registered Agent and Title if Applicable) (NEW Registered Agent Signature Required when Reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	RAY, BATTLE	1.2 NAME	
STREET ADDRESS	31432 SW 68TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	BENTIVOGLIO, VINCENT	2.2 NAME	
STREET ADDRESS	9810 SW 15 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	BENTIVOGLIO, VIRGINIA	3.2 NAME	
STREET ADDRESS	9810 SW 15 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	BATTLE, MIA	4.2 NAME	
STREET ADDRESS	13432 SW 68TH TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: Mia Battle MIA BATTLE 6/29/95 305-591-4021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0101103 CP