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**Mar 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # M63246 (6)

1. Corporation Name:
BOUQUETTE, INC.



Principal Place of Business: **P.O. BOX 528042 MIAMI FL 33152-8042**
Mailing Address: **P.O. BOX 528042 MIAMI FL 33152-8042**

3. Date Incorporated or Qualified: **12/03/1987**
3a. Date of Last Report: **01/23/1996**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2161901	Applied For: <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent: MILMAN, RALPH A 7732 CAMINO REAL STE. F-403 MIAMI FL 33143	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <input type="checkbox"/> DELETE	PD MILMAN, RALPH 7732 CAMINO REAL, F-403 MIAMI FL 33143	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		12 NAME:	
STREET ADDRESS:		13 STREET ADDRESS:	
CITY-ST-ZIP:		14 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	D KOBLER, BEATRICE 6821 S.W. 116TH PLACE MIAMI FL 33173	21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		22 NAME:	
STREET ADDRESS:		23 STREET ADDRESS:	
CITY-ST-ZIP:		24 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		32 NAME:	
STREET ADDRESS:		33 STREET ADDRESS:	
CITY-ST-ZIP:		34 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		42 NAME:	
STREET ADDRESS:		43 STREET ADDRESS:	
CITY-ST-ZIP:		44 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY-ST-ZIP:		54 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY-ST-ZIP:		64 CITY-ST-ZIP:	

14. 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 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 unchanged, or on an attachment with an address.

SIGNATURE: _____ **2-20-97** **305-477-7611**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)