SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 11:14

DOCUMENT # **P93000024006 (7)**

1. Corporation Name
INTERCONTINENTAL FLORAL MARKETING, CORP.

Principal Place of Business	Mailing Address
7215 NW 41 ST BAY J Y K MIAMI FL 33166	7215 NW 41 ST BAY J Y K MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1993
3a. Date of Last Report: 07/06/1994
4. FEI Number: 65-0395939 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

VALDES, ALEIDA
7215 NW 41 ST
BAY J Y K
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: AIDA R. RAMOS
82 Street Address (P.O. Box Number is Not Acceptable): 7215 N.W. 41ST. BAY J Y K
83
84 City: MIAMI FL 85 Zip Code: 33166

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: X Alfredo Nodarse President/Secretary DATE: 6/12/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P/S ☐ Change ☐ Addition
NAME	VALDES, ALEIDA	12 NAME	ALFREDO NODARSE
STREET ADDRESS	7215 NW 41 ST BAY J Y K	13 STREET ADDRESS	7215 N.W. 41ST. BAY J Y K
CITY-ST-ZIP	MIAMI FL 33166	14 CITY-ST-ZIP	MIAMI, FL. 33166
TITLE	ST	21 TITLE	V/P ☐ Change ☐ Addition
NAME	NODARSE, ALFREDO	22 NAME	AIDA R. RAMOS
STREET ADDRESS	1915 WEST 6 STREET	23 STREET ADDRESS	7215 N.W. 41ST. BAY J Y K
CITY-ST-ZIP	HIALEAH FL	24 CITY-ST-ZIP	MIAMI, FL. 33166
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2EC034 (3/95)

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, changed, or on an attachment with an address.

SIGNATURE: X Alfredo Nodarse 6/12/95 593-0904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067309 CP