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Feb 06 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 # P93000026958 (7)

1. Corporation Name

JACKSON MEMORIAL FLORIST AND GIFT, INC.

Principal Place of Business

901 NW 17TH ST
MIAMI FL 33136

Mailing Address

901 NW 17TH ST
MIAMI FL 33136-1135

3. Date Incorporated or Qualified
04/05/1993

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

65-0403108

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~JUAN VICENTE URDANETA~~
~~909 PONCE DE LEON BLVD.~~
~~SUITE 1015~~
~~CORAL GABLES FL 33134~~

81 Name
MIRTA PASCUAL NOVOA

82 Street Address (P.O. Box Number is Not Acceptable)

9801 COLLINS AVENUE #6L

83

84

CITY BAL HARBOUR

FL

85

Zip Code 33174

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1/15/97

12. OFFICERS AND DIRECTORS

TITLE ~~PYSO~~ ☒ DELETE

NAME ~~MIERAS, LILLIANA~~

STREET ADDRESS ~~901 NW 17TH ST~~

CITY-ST-ZIP ~~MIAMI FL 33136~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME PRESIDENT

1.3 STREET ADDRESS MIRTA PASCUAL NOVOA

1.4 CITY-ST-ZIP 9801 COLLINS AVENUE #6L

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME VICE PRESIDENT

2.3 STREET ADDRESS ANTONIETA VALLARID

2.4 CITY-ST-ZIP 9801 COLLINS AVENUE #6L

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME TREASURER

3.3 STREET ADDRESS ELISA DE SIMONE

3.4 CITY-ST-ZIP 9801 COLLINS AVENUE #6L

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME SECRETARY

4.3 STREET ADDRESS MARGARITA BICHACHI

4.4 CITY-ST-ZIP 9801 COLLINS AVENUE #306

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 if changed, or on an attachment with an address.

SIGNATURE:

MIRTA PASCUAL NOVOA
PRESIDENT
1/15/97 (305) 3244500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)