FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000036439 (6)

SANTANA FLOWERS, INC.

FILED Apr 23 1997 8:00am Secretary of State

Principal Place of Business	clpal Place of Business Mailing Address		E TERNIFORM WAS ARMED LINES BERNY ORDINI ORDINI ERREND THING ONLIN DLOGG USAND TRAIL TORNI SECTION	
8310 MW 14TH STREET #375 MIAMI FL 33126	8310 NW 14TH STREET #375 MIAMI FL 33126-1504 US			
US			3. Date Incorporated or Qualified 05/20/1993	3a. Date of Last Report 04/29/1996
2. Principal Place of Business	2a. Mailing Address 26		4, FEI Number 65-0498340	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	Z(p) Co	ountry	8. This corporation has liability for in Florida Statutes	ntangible t/x under s. 199.032,] Yes ☑ No
g, Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
HUME, CHARLES L		81 Name		
COURTHOUSE TOWER 18TH FL 44 W FLAGLER STREET	82 Street		ddress (P.O. Box Number is Not Acceptable)	
MIAMI FL 93130		83		
		84 City		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 (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DVP DELETE Change Addition TITLE 1.1 THE GAITAN, LUIS EDUARDO NAME 1.2 NAME 8310 NW 14TH STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - 7/P DPST DELETE Change Addition GAITAN, EDUARDO 2.2 NAME 8310 NW 14TH STREET STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 C(1Y - \$1 - 7)P DELETE Change Addition TITLE 31 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-S1-ZIP DELETE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.3 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C/1Y - ST - Z/F DELFTE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that tho in information indicated on his I am an officer or director of n supplied this filing does not qualify for the exemption stated in Section 119.07(3)(r), Florida Statutes. I further certify that the

umontal annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that veiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name