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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 FEB 15 PM 3:05

DOCUMENT # P93000043737 (4)

1. Corporation Name

FLOWER BLOSSOM, INC.

Principal Place of Business: ~~2735 PONCE DE LEON BLVD~~ CORAL GABLES FL 33134 US

Mailing Address: ~~2735 PONCE DE LEON~~ CORAL GABLES FL 33134 US

3. Date Incorporated: 06/21/1993

3a. Date of Last Report: 04/18/1994

4. FEI Number: 65-0467020

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

2. Principal Place of Business / 2a. Mailing Address:

3200 PONCE DE LEON BLVD., 2ND FLOOR CORAL GABLES, FL 33134

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEHMAN, RICHARD S ESQ.
2600 N MILITARY TR
STE 270
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

Name: JOSE VALLE

Street Address (P.O. Box Number is Not Acceptable): 3200 PONCE DE LEON BLVD., 2ND FLOOR CORAL GABLES, FL 33134

City: FL

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 [signature] 2/10/95

12. OFFICERS AND DIRECTORS

TITLE	PS
NAME	VALLE, JOSE
STREET ADDRESS	~~2735 PONCE DE LEON BLVD~~
CITY-ST-ZIP	CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

STREET ADDRESS: 3200 PONCE DE LEON BLVD., 2ND FLOOR CORAL GABLES, FL 33134

14. I 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 report or supplemental 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: X [signature] 2/10/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE VALLE

0137470 CP