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PROFIT CORPORATION ANNUAL REPORT

1997

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Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 02 1997 8:00am

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DIVISION OF CORPORATIONS

POCUMENT # P93000058440 (7)

ISIS FLOWER GARDENS INC.

1011 E 8TH CT 2500 SW 107TH AVE HIALEAH FL 33010-3619 STE 0 MIAMI FL 33165 3a. Date of Last Report 3. Date Incorporated or Qualified 08/20/1993 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 57. 65-0430527 606 A 26 Not Applicable \$8.75 Additional Suite Ant. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State 6, Election Campaign Financing \$5.00 May Be HIA LEAN-Trust Fund Contribution Added to Fees 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Country Yes No Florida Statutes 30 25 29 0. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HERNANDEZ, MARIA 1011 E 6TH CT 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33010 83 84 City **B**5 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. Lam familiar with land accept the obligations of Section 607,0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required Stignature, typed or printen name of regetered agont and title if applicable en reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition 11 TITLE TilluF HERNANDEZ, MARIA 1.2 NAME NAME 1011 E 6TH CT 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33010 ODY - 51 - 749 1.4 CITY+ST-ZIP Change ___ Addition DELETE 2.1 TITLE THUE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-2IP CHY ST ___ Change Addition DELETE 3.1 TITLE Tille 3.2 NAME 3.3 STREET ADDRESS STREET APPRESS 3.4. CITY-S1-ZIP CHY-ST-7IP Change ☐ Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CHY-SI-ZIP Addition Change DELETE 5.1 TITLE THUE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5 4 CITY - ST - ZIP CHTY+ST-20 DELETE Change Addition 61 TITLE Tille 62 NAME NAME **6.3 STREET ADDRESS** STREET ALLORESS 6.4 CITY-ST-ZIP Off Y-ST-ZP 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