

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Office of Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000074721 (0)

EXCLUSIVE BASKETS & GIFTS, INC.



1. Name of Corporation
~~6600 SW 24 STREET~~
~~MIAMI FL 33155-1857~~
US
6653 S.W. South Dixie

2. Principal Office
21. *33143-*
22.
23.
24.

2a. Mailing Address
26.
27.
28.
29.

30. Secretary

9. Name and Address of Current Registered Agent

3. Date of Incorporation or Qualification
10/27/1993

3a. Date of Last Report
01/25/1995

4. FEIN Number
65-0446523

5. Did State of Florida Dissolve? ☐ *\$8.75 Additional Fee Required*

6. Election Campaign Financing Fund Contribution ☐ *\$5.00 May Be Added to Fees*

8. This corporation has liability for intangible taxes under s. 193.02, Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

PERAZA, MARIA E *lena*
~~6600 SW 24 STREET~~
~~MIAMI FL 33155-1857~~

81. Name
82. Street Address, P.O. Box Number or Not Acceptable
83.
84. City
FL 85. Zip Code

11. I, the undersigned, being duly sworn, depose and say that I am a resident of the State of Florida; that I am the registered agent of the corporation named herein; and that I am duly qualified to act as such agent; and that the foregoing was subscribed by the corporation's board of directors; and I hereby accept the appointment as registered agent; I am duly sworn to and depose to the truth of the foregoing.

12. OFFICERS AND DIRECTORS

PD
PERAZA, MARIA E *lena*
~~6600 SW 24 STREET~~
MIAMI FL

[] Officer [] Director

[] Officer [] Director

[] Officer [] Director

[] Officer [] Director

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[] Officer [] Director

[] Officer [] Director

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

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[] Change [] Addition

[] Change [] Addition

14. I, the undersigned, do hereby certify that the information furnished by this corporation is true and correct, and that my signature shall have the same legal effect as if made under oath. I am duly sworn to and depose to the truth of the foregoing.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-96

CR2E034 (12/95)