

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000074990 (1)**  
1. Corporation Name

**YUM'S FLOWERS AND GIFT SHOP, CORP.**



Principal Place of Business      Mailing Address  
**2360 W. 68 STREET  
HIALEAH FL 33016**      **2360 W. 68 STREET  
HIALEAH FL 33016**

3. Date Incorporated or Qualified: **10/25/1993**      3a. Date of Last Report: **08/21/1995**  
4. FEI Number: **65-0445829**      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

2. Principal Place of Business      2a. Mailing Address  
21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.  
22 City & State      27 City & State  
23 Zip      28 Country      29 Zip      30 Country

9. Name and Address of Current Registered Agent  
**RODRIGUEZ, YUSET  
2220 W. 74 STREET  
APT. 102  
HIALEAH FL 33016**

10. Name and Address of New Registered Agent  
81 Name: **MIRIAM PONTE**  
82 Street Address (P.O. Box Number is Not Acceptable):  
83 **2483 W 70 ST**  
84 City: **HIALEAH** FL 85 Zip Code: **33016**

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: *Miriam Ponte*      **MIRIAM PONTE**      **8/2/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, YUSET	
STREET ADDRESS	2220 W. 74 STREET, APT. 102	
CITY - ST - ZIP	HIALEAH FL 33016	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PONTE, MIRIAM	
STREET ADDRESS	2483 W. 70 STREET	
CITY - ST - ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	P/O/S/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PONTE MIRIAM	
2.3 STREET ADDRESS	2483 W 70 ST HIALEAH FL 33016	
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.  
SIGNATURE: *Miriam Ponte*      **MIRIAM PONTE**      **305-827-9917**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      **18/2/96**      Daytime Phone #

CR2E034 (3/96)