

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 15 AM 8:12**

**PROFIT CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P94000005530 (8)**

1. Corporation Name

**POINCIANA VILLAGE FLORIST, INC.**

Principal Place of Business

**249 ROYAL POINCIANA WAY  
PALM BEACH FL 33480**

Mailing Address

**249 ROYAL POINCIANA WAY  
PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**01/21/1994**

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

**650462155**

Applied For  
Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23

City & State

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

24

Zip

Country

29

30

6. This corporation files liability for a returnable tax under s. 185.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**ATENASIO, SANDRA  
249 ROYAL POINCIANA WAY  
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81 Name **Debra Bozak**  
82 Street Address (P.O. Box Number is Not Acceptable) **7238 Golf Colony Court #202**  
83 **#202**  
84 City **LAKE WORTH** FL 85 Zip Code **33467**

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

*Debra Bozak*

6-5-95

Signature, typed or printed name of registered agent and title (checkboxes)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	ATENASIO, SANDRA	4240 COUNTY ROAD GULF STREAM FL 33483	
D	BOZAK, DEBRA	7542 BRIAR CLIFF CIR LAKE WORTH FL 33467	
D	ATENASIO, ANTHONY	4240 COUNTY ROAD GULF STREAM FL 33403	
D	BOZAK, JOSEPH	7542 BRIAR CLIFF CIR LAKE WORTH FL 33467	

13. ADDITIONS CHANGE S TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
P	ATENASIO SANDRA	14 East Both PH6 NY N.Y. 10021		<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	Vice-president Bozak Debra	7238 Golf Colony Ct. #202 LAKE WORTH Fla 33467		<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	Atenasio, Anthony	14 East Both PH6 NY N.Y. 10021		<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Bozak Joseph	7238 Golf Colony Ct #202 LAKE WORTH Fla 33467		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 110.07(3)(b), 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 appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

*Debra Bozak*

6-5-95 659-7174

(Date) (Daytime Phone #)

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000005870 (8)**

1. Corporation Name  
**TOUCAN INTERNATIONAL, INC.**

Principal Place of Business	Mailing Address
11042 PARADELA DR MIAMI FL 33156	11042 PARADELA DR MIAMI FL 33156

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. 700 BILTMORE WAY	26. 700 BILTMORE WAY	01/25/1994	
22. SUITE # 710	27. SUITE # 710	4. FEI Number	Applied For
23. CORAL GABLES FL	28. CORAL GABLES FL	650463563	Not Applicable
24. 33134	25. USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
29. 33134	30. USA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199(1)(2), Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

B1. Name	LEHRMAN, RICHARD A
B2. Street Address (P.O. Box Number is Not Acceptable)	1680 MICHIGAN AVE
B3. City	SUITE 1104
B4. City	MIAMI BEACH FL 33139
B5. Zip Code	FL

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 JUN 15 1995

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 \_\_\_\_\_ (NAME) \_\_\_\_\_ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMAN, ROGER JR	2. NAME	
STREET ADDRESS	11042 PARADELA DR	3. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33156	4. CITY, ST, ZIP	
TITLE	D	21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMAN, ROGER SR	22. NAME	ROGER SOMAN SR.
STREET ADDRESS	11042 PARADELA DR	23. STREET ADDRESS	700 BILTMORE WAY (SUITE 710)
CITY, ST, ZIP	MIAMI FL 33156	24. CITY, ST, ZIP	CORAL GABLES FL 33134
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. 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 149.07(3)(b), 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 appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: Robert Soman Sr. 6/12/95 305 447 9235

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Telephone #)