

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000031531 (4)

1. Corporation Name

FLOWERS IN A MINUTE, INC.



Principal Place of Business

**11816 NW 10 AVENUE
 MIAMI FL 33168
 US**

Principal Address

**11816 NW 10 AVENUE
 MIAMI FL 33168
 US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 Ctr. & State

23 Zip County

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 Ctr. & State

28 Zip County

29 30

9. Name and Address of Current Registered Agent

**MUNOZ, WILLIAM R
 410 N.E. 141 ST.
 NORTH MIAMI FL 33161**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated For Qualified
04/26/1994

3a. Date of Last Report
07/10/1995

4. FEI Number
65-0493763

Applied For
 Not Applicable

5. Creditors of Status Desired

**\$8.75 Additional
 Fee Required**

6. Election Campaign Financing
 Trust Fund Contribution

**\$5.00 May Be
 Added to Fees**

8. The corporation has liability for intangible tax under s. 199.032
 Florida Statutes Yes **XXX**

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Section 740.01(1)(c) of the Florida Statutes, the above named corporation certifies the statement for the purpose of changing its registered office or registered agent for business in the State of Florida. This document was prepared by the corporation and filed for publication. Thereby, I accept the appointment as registered agent. I am familiar with and accept the responsibilities of being a registered agent in the State of Florida.

SIGNATURE

12.

OFFICERS AND DIRECTORS

TITLE

**D
 MUNOZ, WILLIAM R
 410 N.E. 141 ST.
 NORTH MIAMI FL 33161**

DELETED

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

**D
 TERAN, SONIA
 410 N.E. 141 ST.
 NORTH MIAMI FL 33161**

DELETED

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

DELETED

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

DELETED

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

DELETED

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

DELETED

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

William Munoz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM MUNOZ

04-03-96

CR2E034 (12/95)