FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000031531 (4)

FLOWERS IN A MINUTE, INC.

11816 NW 10 AVENUE MIAMI FL 33168		11816 NW 10 AVENUE Miami FL 33168-6207					
US		US			3. Date Incorporated or Qualified 04/26/1994	\$a. Date of Last Repo 04/09/1996	ort
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applie	ed For
21		26			65-0493763	Not A	pplicable
Suite, Apt #, etc. 22		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addi Fee Requi	
Oity & State	9	City & State			6. Election Campaign Financing	\$5.00 Ma	
Z (p)	Country	28	Countr			Added to F	
24	25	29 3		,	8. This corporation has liability for int Florida Statutes	angible tax under s. 19: Yes XX X No	9.032,
[9, Name and Address of Current		1	·····	10. Name and Address of New Regi		
Milk	IOZ, WILLIAM FI		81	Name			
	N.E. 141 ST.		82	Street	Address (P.O. Box Number is Not Acceptable	,	
	ITH MIAMI FL 33161				Address (F.O. Box Number is Not Acceptable	<i>,</i>	
			83		•		
			84	City		FL 85 Zip Cod	le
office or re	to the previsions of Sections 607.0503 eg stered agent or both, in the State on m familiar with, and accept the obliga	of Florida. Such change was au- tions of, Section 607.0505, Flori	thorized b da Statute	y the corp s.	corporation submits this statement for the pur oration's board of directors. I hereby accept	nose of changing its re	gistered istered
	Signature, typed or printed name of egistered agen			ent signature	required when reinstating)	DATE	
12.	OFFICERS AND	DELETE	13,	·····	ADDITIONS/CHANGES TO OFFICE		_
=-	MUNOZ, WILLIAM R	L VELETE	1.1 TITLE			L. Change L	Addition
NAME	410 N.E. 141 ST.		1.2 NAME				
STREET ADDRESS	NORTH MIAMI FL 33161			ADDRESS		•	
CH1-ST-ZIP THU	D	DELETE	1.4 CITY - : 2.1 TITLE	S1 - ZIP		Change	Addition
NAME	TERAN, SONIA	C OLLET	2.2 NAME			C cuande C	_ Addition
STREET ADDRESS	410 N.E. 141 ST.		2.3 STREE	Annaree			
CiTY - \$1 - ZiP	NORTH MIAMI FL 33161		2.4 DITY-				
1016		DELETE	31 THE	31-21		Change	Addition
MAME			3.2 NAME				_
STREET ADDRESS			3 3 STREET	ADDRESS			
6 TY - ST - 20P			3.4. CiTY-				
TITL:		☐ DELETE	4.1 TILE			☐ Change	Addition
NAME			4. 2 NAME	-			
STREET ADDRESS			4.3 STREET	ADDRESS			
CCLY - ST - ZIP			4.4 DITY-5	ST-ZIP			
TIPLÉ		☐ DELETE	5.1 T-TLE			☐ Change	Addition
KAM?			5.2 NAME				
STREET ADDRESSS			5.3 STREET	ADDRESS			
CHY+SI+ZIP			5.4 CP Y - 5	T-ZIP			
TILLE		DELETE	6.1 TrilE			Change	Addition
NAME:			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CIFY - ST - ZIP			6.4 CITY-5				
information Lam an of	n indicated on this annual report or su	pplemental annual report is true he receiver or trustee empower	e and acci ed to exec	urate and cute this re	ated in Section 119.07(3)(i), Florida Statutes. that my signature shall have the same legal e sport as required by Chapter 607, Florida Stat AM R • MUNOZ 03-27	ffect as if made under d utes; and that my name	oath; that e

SIGNATURE: