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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State

DIVISION OF CORPORATIONS

P94000036279 (5) DOCUMENT #
1. Corporation Name

COLLINS FLOWERS & GIFT SHOP INC.



Principal Place 6		Malland Address				I III TOLO III III O	IFAN ARBAN ANNAN KUM	(400)
Principal Place o		Mailing Address						
6978 COLLINS MIAMI BEACH		6978 GOLLINS A MIAMI BEACH F						
MINMI DENOTI	FL 80141	mone person i	MININE DEPOTE DOTA		3. Date Incorporated or Qualified 05/13/1994		3a. Date of Last Report 05/26/1995	
2. Principal Plac	ce of Business	2a. Mailing Addres	:S		4. FEI Number		Applied F	For
		26			65-0490051		Not App	licable
Suite, Apt. #,	etc.	Suite Apt. #, 6	etc.		5. Certificate of Status Desired		8.75 Addition Fee Required	
2		27						
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May to Added to Fee	
3 Zip	Country	28 Zip	Cour	itry	8. This corporation has liability for in	ntangible tax u		
4	25	29	30	•		□No		
1	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	egistered Age	ent	
			•	81 Name				
FERNANI	DEZ, GLADYS M		}	82 Street Add	ress (P.O. Box Number is Not Acceptable	e)		
	LLINS AVE.							
MIAMI BE	ACH FL 33141			83				
			ļ	84 City		p	85 Zip Code	-
					ration submits this statement for the pur	FL		
12.	agustice, Special of protest account of the protest of performance of the CERS ANI	D DIRECTORS	INCIDE Regulated		ADDITIONS/CHANGES TO OFFI		RECTORS IN 1	
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NAME	FERNANDEZ, GLADYS H 2401 COLLINS AVE. #608		12 N					
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			I I	HEET ADDRESS				
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r do hereby certify that the information supreed with this rining is voluntarity turnished and does not quary for the exemption stated in Section 119.07(5)(k). Florida Statutes. I further certify that the information indicated on this arrived report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under carry, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or on an attachment with an address

OF SIGNING OFFICER OR DIRECTOR