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Feb 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000062371 (7)

1. Corporation Name

THE GREAT NORTH AMERICAN FLORAL CO.



Principal Place of Business

Mailing Address

111 SW 3RD ST  
6TH FLOOR MCCORMICK BLDG  
MIAMI FL 33130

111 SW 3RD ST  
6TH FLOOR MCCORMICK BLDG  
MIAMI FL 33130-1926

3. Date Incorporated or Qualified

08/24/1994

3a. Date of Last Report

03/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

APPLIED FOR

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRIS, ELLIOTT  
111 SW 3RD ST  
6TH FLOOR MCCORMICK BLDG  
MIAMI FL 33130

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME VARELA, ALVARO  
STREET ADDRESS 9475 NW 13TH ST  
CITY-STATE-ZIP MIAMI FL 33172

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

TITLE ~~DP~~  
NAME HARRIS, ELLIOTT  
STREET ADDRESS 111 SW 3RD ST 6TH FLOOR  
CITY-STATE-ZIP MIAMI FL 33130

21 TITLE ☒ Change ☐ Addition  
22 NAME S HARRIS, ELLIOTT  
23 STREET ADDRESS 111 SW 3RD ST 6TH FLD  
24 CITY-STATE-ZIP MIAMI, FL 33130

TITLE VPT  
NAME VARELA, SABINA  
STREET ADDRESS 9475 N.W. 13TH STREET  
CITY-STATE-ZIP MIAMI FL 33172

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an address.

SIGNATURE:

*Elliott Harris* Secretary 2/3/97 305/358-0146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)