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

FILED PROFIT Jan 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P94000066442 (2) FLOWERS BY JONI INC. Principal Place of Business Mailing Address 2732 N.W. 72ND AVE. 2732-N.W: 72ND AVE. MIAMI PL 33122 MIAMI FL 33122 7110 NW 50+7 SI DO NOT WRITE IN THIS SPACE Miami, F1 33166 3. Date Incorporated or Qualified 09/09/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0520448 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RODRIGUEZ, LEOVIGILDO 2732 NW 72ND AVE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33122** 83 84 Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 prenied name of registered agent and the Wapplicable (NOTE Registored Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELFTE TITLE 1.1 TITLE Change Addition BALVA, UDI NAME 1.2 NAME 50+hA 7110 NW 2732 N.W. 72 AVE STREET ADDRESS 1.3 STREET ADDRESS 33166 MIAMI-FL-33122 F- 1 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - \$T - 7/P DELFTE THILE 3111111 Change ☐ Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST-7/P DELETE Change Addition 4.1 TILLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-S1-ZIP DELETE THLE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIF 70000240481 Phange -01/20/98--01061--034 () ***150.00 DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME

14. Thereby 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 eath; 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 ay address.

6.3 STREET ADDRESS

6.4 CHTY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

1-6-08