

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000066799**
1. Corporation Name **Flower Village Inc**

Principal Place of Business **Miami, FL**
Mailing Address **4743 NW 72nd Ave
Miami FL 33166**

2. Principal Place of Business: 21 **Miami, Florida**
22 **4743 NW 72nd Ave**
23 **Miami**
24 **33166** 25 **Florida**
26 **4743 NW 72nd Ave**
27
28 **Florida**
29 **33166** 30

3. Date of Last Report **SEP 94**
3a. Date of Last Report
4. FFL Number **65-0526926**
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
81 Name **Glady's Acosta**
82 Street Address (P.O. Box Number is Not Acceptable) **4743 NW 72nd Ave**
83
84 **Miami FL** 85 **33166**

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 607.0503, Florida Statutes.

SIGNATURE: **Sam Acosta President** **Joe 24, 1996**

12. OFFICERS AND DIRECTORS

TITLE	Sudno Accio	<input checked="" type="checkbox"/> DELETE
NAME	Tresne	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1. TITLE	Glady's Acosta Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	1743 NW 72nd Ave	
13. STREET ADDRESS	Miami FL 33166	
14. CITY-ST-ZIP		
2. TITLE	She Acosta	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	4743 NW 72nd Ave	
23. STREET ADDRESS	Miami FL 33166	
24. CITY-ST-ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	300001901183	
53. STREET ADDRESS	-07/23/96--01026--006	
54. CITY-ST-ZIP	***225.00	
6. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of Form 13, unchanged, on an attachment with an address.

SIGNATURE: **She Acosta President** **Joe 24, 1996 305 639-2653**

CR2E034 (12/95)