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CORPORATION
ANNUAL REPORT
1995

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

AND FILED

95 APR 14 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000067011 (4)**

1. Corporation Name

BOUQUET CONNECTION DE LOS ANDES, INC.

Principal Place of Business	Mailing Address
420 SOUTH DIXIE HWY. SUITE 4B CORAL GABLES FL 33146	420 SOUTH DIXIE HWY. SUITE 4B CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/13/1994
3a. Date of Last Report: 9-13-94

2. Principal Place of Business — 21: 2720 N.W 72 AVE
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23: Miami, FL
City & State — 28:
Zip — 24: 33122
Country — 25: U.S.A.
Zip — 29:
Country — 30:

4. FEI Number: 65-0520687 — 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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

01 Name: Michael A. Rubin, Esq.
02 Street Address (P.O. Box Number is Not Acceptable): 420 So Dixie Highway
03: Suite #4B
04 City: CORAL GABLES — FL — 05 Zip Code: 33146

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 X — MICHAEL A. RUBIN — 3/23/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CHAIRMAN & DIRECTOR	1.1 TITLE	☐ Change ☐ Addition
NAME	JON Felly	1.2 NAME	
STREET ADDRESS	2720 N.W. 72 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33122	1.4 CITY-ST-ZIP	
TITLE	P, S, T, D	2.1 TITLE	☐ Change ☐ Addition
NAME	HENRY WINOGROND	2.2 NAME	
STREET ADDRESS	2720 N.W. 72 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33122	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information indicated on this report or supplemental 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: X — PRESIDENT — 3/27/95 — (305) 994-7422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
HENRY WINOGROND

0198675 CP