

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000067011 (4)

1. Corporation Name

BOUQUET CONNECTION DE LOS ANDES, INC.



Principal Place of Business

Mailing Address

~~2720 NW 72ND AVENUE~~
~~SUITE 4B~~
~~MIAMI FL 33142~~
~~US~~

420 SOUTH DIXIE HWY.
SUITE 4B
CORAL GABLES FL 33146

2. Principal Place of Business

2a. Mailing Address

21 4439 ROBERTSON RD

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 City & State

23 Madison, WI

28 City & State

24 53714

25 Country

USA

29 Zip

Country

30

9. Name and Address of Current Registered Agent

Michael
MICHAEL A RUBIN, ESQ
420 SOUTH DIXIE HWY SUITE 4B
CORAL GABLES FL 33146

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 if applicable.

(NOTE: Registered Agent signature required when not Mailing)

(Date)

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME FELLY, JOHN
STREET ADDRESS 2720 NW 72ND AVENUE
CITY-ST-ZIP MIAMI FL

TITLE PSTD ☐ DELETE

NAME WINOGROND, HENRY
STREET ADDRESS 2720 N W 72ND AVENUE
CITY-ST-ZIP MIAMI FL - Miami, FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

61 TITLE
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 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96 ()

CR2E034 (12/95)