

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000074870 (4)
1. Corporation Name

ALMORE FLOWERS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP -6 PM 2: 12



Principal Place of Business Mailing Address
4480 NW 73RD AVENUE 4480 NW 73RD AVENUE
MIAMI FL 33166 MIAMI FL 33166

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/12/1994	3a. Date of Last Report 10/30/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0526124 APPLIED FOR	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

LUXARDO, EDUARDO
1000 WEST AVE #1102
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

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 of Temporary Agent (if applicable) (Date)

(NOTE: Registered Agent Signature required when re-appointing)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	☐ DELETE		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LUXARDO, EDUARDO 1000 WEST AVE #1102 MIAMI BEACH FL 33139	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	np 9/6
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOPEZ, AMALIA 1000 WEST AVE #1102 MIAMI BEACH FL 33139	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	7088881846257 -09/12/96--01103--003 ****225.00 ****225.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

eduardo luxardo

8/22/96 (305) 477-2994