

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90031 007 \*\*\*550.00

DOCUMENT # **P94000074870**

Corporation Name

**ALMORE FLOWERS, INC.**



Principal Place of Business

0 NW 73RD AVENUE  
MI FL 33166

Mailing Address

4480 NW 73RD AVENUE  
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/12/1994**

Principal Place of Business

**4451 NW 74 ave**

2a. Mailing Address

**4451 NW 74 ave**

4. FEI Number

**65-0526124**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

City & State

**Miami - FL**

City & State

**Miami - FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

Zip

**33166**

Country  
**U.S.A**

Zip

**33166**

Country  
**U.S.A**

8. This corporation owes the current year  
Intangible Personal Property. ☐ 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

**Luxardo, Eduardo**

82 Street Address (P.O. Box Number is Not Acceptable)

**6034 Pine tree dr.**

83

84 City

**Miami Beach**

FL

85 Zip Code

**33140**

I, 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 reinstating)

DATE

OFFICERS AND DIRECTORS

1. NAME ☐ DELETE

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

2. NAME ☐ DELETE

**LOPEZ, AMALIA**  
**1000 WEST AVE #1102**  
**MIAMI BEACH FL 33139**

3. NAME ☐ DELETE

4. NAME ☐ DELETE

5. NAME ☐ DELETE

6. NAME ☐ DELETE

7. NAME ☐ DELETE

8. NAME ☐ DELETE

9. NAME ☐ DELETE

10. NAME ☐ DELETE

11. NAME ☐ DELETE

12. NAME ☐ DELETE

13. NAME ☐ DELETE

14. NAME ☐ DELETE

15. NAME ☐ DELETE

16. NAME ☐ DELETE

17. NAME ☐ DELETE

18. NAME ☐ DELETE

19. NAME ☐ DELETE

20. NAME ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**Luxardo, Eduardo**

**6034 Pine tree dr.**

**Miami Beach, FL 33140**

**Lopez, Amalia**

**6034 Pine Tree dr.**

**Miami Beach, FL 33140**

I, I hereby 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 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:

**SIGNATURE REQUIRED**

CR2E034 (5/99)