

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  
 100 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 <b>4451 NW 74 ave</b>		2a. Mailing Address <b>4451 NW 74 ave</b>		4. FEI Number <b>65-0526124</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State <b>Miami - Fl.</b>		City & State <b>Miami - Fl.</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Zip <b>33166</b>	Country <b>U.S.A</b>	Zip <b>33166</b>	Country <b>U.S.A</b>	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>LUXARDO, EDUARDO 1000 WEST AVE #1102 MIAMI BEACH FL 33139</b>				10. Name and Address of New Registered Agent			
81 Name				<b>Luxardo, Eduardo</b>			
82 Street Address (P.O. Box Number is Not Acceptable)				<b>6034 Pine tree Dr.</b>			
83							
84 City				<b>Miami Beach</b>		85 Zip Code <b>FL 33140</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ME	<b>LUXARDO, EDUARDO</b>	1.2 NAME	<b>Luxardo, Eduardo</b>
REET ADDRESS	<b>1000 WEST AVE #1102</b>	1.3 STREET ADDRESS	<b>6034 Pine tree Dr.</b>
Y-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	1.4 CITY-ST-ZIP	<b>Miami Beach, Fl. 33140</b>
LE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ME	<b>LOPEZ, AMALIA</b>	2.2 NAME	<b>Lopez Amalia</b>
REET ADDRESS	<b>1000 WEST AVE #1102</b>	2.3 STREET ADDRESS	<b>6034 Pine Tree Dr.</b>
Y-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	2.4 CITY-ST-ZIP	<b>Miami Beach, Fl. 33140</b>
LE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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)