

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

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AND
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95 APR -6 PM 2: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000076597 (1)
1. Corporation Name
NEW YORK FLORAL, INC.

Principal Place of Business: **18780 N. BISCAYNE BLVD. AVENTURA FL 33180**
Mailing Address: **18780 N. BISCAYNE BLVD. AVENTURA FL 33180**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 18759 BISCAYNE BLVD		26 18759 BISCAYNE BLVD		10/19/1994	N/A
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		APPLIED FOR	
24 Zip		29 Zip		5. Certificate of Status Desired	
25 Country		30 Country		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent
**SARAGA, ROBERT S ESQ.
LOWENTHAL, LANDAU, FISCHER & BRING, P.C.
150 E. PALMETTO PARK ROAD, SUITE 435
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 filer if applicable) (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANIS, FRANK	1.2 NAME	
STREET ADDRESS	1800 S. OCEAN BLVD., APT. 810	1.3 STREET ADDRESS	
CITY - ST - ZIP	POMPAHO BEACH FL 33062	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFRISCO, VICTOR	2.2 NAME	
STREET ADDRESS	431 PLAZA REAL	2.3 STREET ADDRESS	1002 CORAL CT
CITY - ST - ZIP	BOCA RATON FL 33432	2.4 CITY - ST - ZIP	BEAUMONT BEACH, FL 33426
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 majority 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 addition of a new officer.

SIGNATURE: *[Signature]* **VICTOR DEFRISCO** 2/1/95 305682-0100