

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90117 039 \*\*\*150.00

DOCUMENT # P95000005124

1. Corporation Name

LADYBUG FLOWERS, INC.

Principal Place of Business

1330 COLLINS AVE. #1  
MIAMI FL 33139

Mailing Address

1330 COLLINS AVE. #1  
MIAMI FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1995

4. FEI Number

65-0554193

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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

☒ Yes

☐ No

2. Principal Place of Business

21 1330 COLLINS AVE.

Suite, Apt. #, etc.

22 #1

City & State

23 MIAMI BEACH FL

Zip

24 33139

Country

25 USA

2a. Mailing Address

26 1330 COLLINS AVE.

Suite, Apt. #, etc.

27 #1

City & State

28 MIAMI BEACH FL

Zip

29 33139

Country

30 USA

9. Name and Address of Current Registered Agent

ESCANDELL, JOSE  
1330 COLLINS AVE. #1  
MIAMI FL 33139

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0507 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 607.0507, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent, and title, if applicable

(NOTE: Registered Agent signature required on reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
PSTD  
ESCANDELL, JOSE  
1330 COLLINS AVE. #1  
MIAMI FL 33139

☐ DELETE

TITLE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
VP  
BRENNER, ANNA MERYL  
1330 COLLINS AVE #1  
MIAMI BEACH FL 33139

☐ DELETE

TITLE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE

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STREET ADDRESS  
CITY-STATE-ZIP

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CITY-STATE-ZIP

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TITLE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

14. 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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)