FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000013642 (0)**

1. Corporation Name

FLOWER BOUTIQUE COMPANY

Principal Place of Business	Mailing Address
8880 SW 82 STREET MIAMI FL 33173	8880 SW 82 STREET MIAMI FL 33173

2. Principal Place of Business 21 2754 SW 13 ST	2a. Mailing Address 26 2754 SW 13 ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami FL	City & State 28 Miami FL
Zip / Country 24 33145 / 25	Zip / Country 29 33145 / 30

3. Date Incorporated or Qualified: 02/16/1995
3a. Date of Last Report:
4. FEI Number: 65-0559596 (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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

YANIZ, MARIA A
* 8880 SW 82 STREET
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name: Zarraluqui, Leonor
82 Street Address (P.O. Box Number is Not Acceptable): 2754 SW 13 ST
83
84 City: Miami FL 85 Zip Code: 33145

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: Leonor Zarraluqui 4-28-96
(Signature of person listed in box 9 or box 10) (Date)

12. OFFICERS AND DIRECTORS		
TITLE	D	☒ DELETE
NAME	YANIZ, MARIA A	
STREET ADDRESS	8880 SW 82 STREET	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	☐ DELETE
NAME	ZARRALUQUI, LEONOR	
STREET ADDRESS	2745 SW 13 STREET	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Addition
62 NAME	200001873022
63 STREET ADDRESS	-06/24/96--01030--038
64 CITY-ST-ZIP	***200.00

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)(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: Leonor Zarraluqui 4-28-96 (305)649-5991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Code & Daytime Phone Number)

CR2E034 (12/95)