FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 SEP 26 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000019806

1. Corporation Name
FLORAFRESH INTERNATIONAL, INC.

Principal Place of Business / Mailing Address
8301 N.W. 30th Tarrace
Miami, Florida 33122

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business
21
Suite, Apt. #, etc.
23
City & State
25
Zip 26 | Country 27

2a. Mailing Address
28
Suite, Apt. #, etc.
30
City & State
32
Zip 33 | Country 34

4. FEI Number 59-2721323 | Applied For | Not Applicable
APPLIED FOR

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

8. Name and Address of Current Registered Agent
Robert L. Gardana
44 West Flager Street Suite 1750
Miami, Florida

10. Name and Address of New Registered Agent
81 Name: Esquire Corporate Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): c/o Nicolas Fernandez, P.A.
83 2655 Lejeune Road, Ph-1d
84 City: Coral Gables, 85 FL 86 Zip Code: 33134

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] [signature] DATE
Signature required from person named as registered agent and date if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President And Treasurer ☐ DELETE EDGAR M. LOZANO 8301 NW 30th Terrace Miami, Fl 33122	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President/Secretary ☐ DELETE CARLOS LOZANO 8301 NW 30 Terrace Miami, Fl. 33122	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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****550.00 ****550.00

14. I do 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; 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: V.P 9-12-97
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER Date Daytime Phone #