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 # P95000027993 (1)

1. Corporation Name

FLAMINGO FLOWER DISTRIBUTORS, INC.

Principal Place of Business

13715 S.W. 66TH ST.. BLDG. A-311
MIAMI FL 33183

Mailing Address

13715 S.W. 66TH ST.. BLDG. A-311
MIAMI FL 33183

3. Date Incorporated or Qualified: **04/05/1995**

3a. Date of Last Report: **N/A**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26 P.O. Box 831729
Suite, Apt. #, etc.
27
City & State
28 MIAMI, FL
Zip 29 33283 County 30 USA

4. FEI Number: 65-0572700 ☐ 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

BRAKE, ROBERT M
1830 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

8 Name
8a Street Address (P.O. Box Number is Not Acceptable)
8a
8a City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		☐ DELETE	1.1 TITLE	P/T	☐ Change ☒ Addition
NAME			1.2 NAME	BARRY DAVID	
STREET ADDRESS			1.3 STREET ADDRESS	13715 S.W 66 ST A-311	
CITY-ST-ZIP			1.4 CITY-ST-ZIP	MIAMI, FL 33183	
TITLE		☐ DELETE	2.1 TITLE	V/S	☐ Change ☒ Addition
NAME			2.2 NAME	DEIRDRE MURPHY DAVID	
STREET ADDRESS			2.3 STREET ADDRESS	13715 S.W 66 ST A-311	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	MIAMI, FL 33183	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 attached amendment, if addition.

SIGNATURE: Barry David BARRY DAVID 4/22/96 (305)380-0122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #