FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000064932 (3)**

1. Corporation Name
LATIN FLOWERS, INC.

Principal Place of Business	Mailing Address
9810 S.W. 40TH ST. **MIAMI FL 33165**	**9810 S.W. 40TH ST.** **MIAMI FL 33165-3912**

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

3. Date Incorporated or Qualified: **08/22/1995**
3a. Date of Last Report: **07/08/1996**
4. FEI Number: **65-0607975** ☐ 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	10. Name and Address of New Registered Agent
PRIETO, NELSON ANGEL **8813 S.W. 89TH COURT** **MIAMI FL 33165**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 X _____ 04/18/97
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PRIETO, NELSON ANGEL		1.2 NAME	
STREET ADDRESS	8245 N.W. 6TH TERR. APT 201		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FINOL MORALES, MARIE E		2.2 NAME	
STREET ADDRESS	8245 NW 6TH TERR APT 201		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CALDERON, GERARDO V		3.2 NAME	
STREET ADDRESS	8245 NW 6TH TERR APT 201		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FINOL MORALES, ALICIA M		4.2 NAME	
STREET ADDRESS	8245 NW 6TH TERR APT 201		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126		4.4 CITY-ST-ZIP	
TITLE	M	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FRANCO FINOL, DAVID A		5.2 NAME	
STREET ADDRESS	8245 NW 6TH TERR APT 201		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126		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 (9/96)

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; 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 _____ 04/18/97 (PRESIDENT)