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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000069738 (9)

## FLORA SERVICE CORPORATION

## FILED Sep 17 1998 8:00am Secretary of State

Principal Place of Business	Mailing Addr	ess	•			<b>56119 61118</b> (8111 (8888 1118)	1911 1881
520 BRICKELL KEY DRIVE		520 BRICKELL KEY DRIVE					
MIAMI FL 33131	MIAMI FL 33	1131		·	DO NOT WRITE II	N THIS SPACE	
					3. Date Incorporated or Qualified		·
					09/11/1995		
2. Principal Place of Busine	ess 2a. Mailing A	ddress			4. FEI Number	App	lied For
21	26				65-0607299	Not i	Applicable
Suite, Apt. #, etc.	Suite, Apt	t. #, etc.			5. Certificate of Status Desired	\$8.75 Ad	
22	27					Fee Requ	ulred
City & State	City & Sta	ale			6. Election Campaign Financing	\$ <b>5.00</b> м	
Zip Zip	Country Zip		Country			Added to	
<b>⊢</b>	25 29	30	, ·		<ol> <li>This corporation owes or has paid Personal Property Tax due June 3</li> </ol>		٠ .
	and Address of Current Registered Age		<u>'</u>		10. Name and Address of New Regi		
ROJAS, MARCI		`	81	Name			
520 BRICKELL			100		(60.5.4)		
SUITE 0-305	NET DITTE		82	Street Addre	ess (P.O. Box Number is Not Acceptable	)	i
MIAMI FL 3313	1		83				
1	•		04	0:4		1001 700	
			84	City		FL 85 Zip Co	oe
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, typed or printed name of registered agent and title II applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE		IN 12
TITLE		DELETE	1.1 TITLE			☐ Change	Addition
NAME ZULETA,	JUAN A		1.2 NAME				
STREET ADDRESS 520 BRIC	KELL KEY DRIVE STE 0-305		1.3 STREET A	LDDRESS			
CITY-ST-ZIP MIAMI FL	. 33131	1	1.4 CiTY-S1	- ZIP		•	
TITLE		DELETÉ	21 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET A	DORESS			]
City-St-ZIP			2.4 CITY-ST	- ZIP			
TOTALE		DELETE	3.1 TITLE		· <del>-</del>	☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET A	DDRESS			
CrTY-ST-ZIP		DE: 575	3.4. CITY-ST	- ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE	ليا	DELFTE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET A	DDRESS			
CITY-S1-ZIP	· · · · · · · · · · · · · · · · · · ·	DCLCTE	4.4 CITY-ST	ZIP			
TITLE	IJ	DELETE	5.1 TITLE			Change [	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET A				
CITY-ST-7IP	···	DC/ ETC	5.4 CITY-ST	71P			4 3 200
10LE	L	DELETE	6.1 TITLE			Change [	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET A	DDRESS			
CITY-ST-ZIP			6.4 City - St-	ŽIP			

14. I hereby cortify 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 enrum attachment with an address.