SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000083914 (8)**

1. Corporation Name

MIAMI FLORAL MANAGEMENT TEAM, INC.

Principal Place of Business	Mailing Address
1421 NW 89 COURT MIAMI FL 33172	1421 NW 89 COURT MIAMI FL 33172

3. Date Incorporated or Qualified: 10/27/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 Miami Floral Management team Inc
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 1370 NW 78th Ave
City & State 23	City & State 28 Miami FL
Zip 24 / Country 25	Zip 29 33126 / Country 30 USA

4. FEI Number: 65-06 20876 — ☐ 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
~~DAVID, DEIRDRE~~ ~~1421 NW 89 COURT~~ ~~MIAMI FL 33172~~	81 Name: Frank J. DeCicco 82 Street Address (P.O. Box Number is Not Acceptable): 1370 NW 78th Ave 83 84 City: Miami FL 85 Zip Code: 33126

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: PRESIDENT FRANK J. DECICCO — DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	☐ DELETE	11 TITLE	PSTD	☒ Change ☐ Addition
NAME	DECICCO, FRANK J		12 NAME	DECICCO, FRANK J	
STREET ADDRESS	2900 NE 14 STREET CAUSEWAY, #409		13 STREET ADDRESS	16035 NW 64th Ave Apt 312	
CITY-ST-ZIP	POMPANO FL 33062		14 CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE	VD	☒ DELETE	21 TITLE	VD	☐ Change ☐ Addition
NAME	DAVID, BARRY W		22 NAME	DECICCO, JOSEPH	
STREET ADDRESS	13715 SW 66 ST. #A311		23 STREET ADDRESS	2900 NE 14th ST. CAUSEWAY #409	
CITY-ST-ZIP	MIAMI FL 33183		24 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Frank J. DeCicco — Date: 7-29-96 — Daytime Phone #: 305-594-4174