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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 Miami Floral Management team Inc
Suite, Apt. #, etc.
27 1370 NW 78th Ave
City & State
28 MIAMI FL
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

~~DAVID, DEIRDRE~~
~~1421 NW 89 COURT~~
~~MIAMI FL 33172~~

10. Name and Address of New Registered Agent

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
Signature (and typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ DELETE
NAME	DECICCO, FRANK J	
STREET ADDRESS	2900 NE 14 STREET CAUSEWAY, #409	
CITY-ST-ZIP	POMPANO FL 33062	
TITLE	VD	☒ DELETE
NAME	DAVID, BARRY W	
STREET ADDRESS	13715 SW 66 ST. #A311	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	☒ Change ☐ Addition
1.2 NAME	DECICCO, FRANK J	
1.3 STREET ADDRESS	16035 NW 64th Ave Apt 312	
1.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014	
2.1 TITLE	VD	☐ Change ☐ Addition
2.2 NAME	DECICCO, JOSEPH	
2.3 STREET ADDRESS	2900 NE 14th ST. CAUSEWAY #409	
2.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 on an attachment with an address.

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

CR2E034 (3/96)