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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPAR<u>IMENT O</u>F STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

CITY - ST - ZIP

DOCUMENT # P95000089833 (4)

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

C.O.D. FLOWER WHOLESALERS, INC.

Principal Place of Business Mailing Address 7674 NW 186TH ST 7674NW 186 ST. MIAMI FL 33012 MIAM! FL 33015-2925 3a. Date of Last Report 3. Date Incorporated or Qualified 11/27/1995 04/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For A<del>pplied f</del>or 65-06787/6 7674 NW SAME Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing same white following  $\Box$ 23 28 Trust Fund Contribution Added to Fees Country This corporation has liability for intangible tax under s. 199.032, same U.S. 19 51) me Yes 🔲 No Florida Statutes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name POUPARINA, ANTONIO JR 7674 NW 186TH ST 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33015** 83 R4 City 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. Styrators, typing or per tied name of legistored agent and title - Lappicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE Tillf POUPARINA, ANTONIO JR 1.2 NAME NAME 7674 NW 186TH ST 1.3 STREET ADDRESS STREET ADDRESS **MIAM! FL 33015** 1.4 CITY-ST-ZIP City - S1 - ZiP DELETE Change Addition 21 TITLE 3007 TEJEDA, CLARA 2.2 NAME NAME 7674 NW 186TH ST 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33015 2. 4 CITY-ST-ZIP CITY-ST ZIF DELETE Change ☐ Addition 3.1 TITLE 1016 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. City-St-ZIP CITY - \$1 - ZIF DELETE Addition Change THEF 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIF CHY-SI ZIE DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST ZIE Change Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS.

6.4 CITY - ST- ZIP

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 increated 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

FILED
May 16 1997 8:00am
Secretary of State



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