

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00



PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

96 DEC -2 AM 10: 15

SECRETARY OF STATE



DOCUMENT # P95000096442 (5)

1. Corporation Name

S.F. FRESHSTART FLORAL IMPORTERS, INC.

Principal Place of Business

1412 NW 82ND AVE
MIAMI FL 33126

Mailing Address

1412 NW 82ND AVE
MIAMI FL 33126

3. Date Incorporated or Qualified
12/18/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0695439

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

**RUBIN, DEBRA M
420 S DIXIE HWY
SUITE #4B
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box not permitted)

**200000017772--9
-12/03/96--01071--013**

*****225.00 ***225.00**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DS** DELETE
NAME **MARTINEZ, JORGE**
STREET ADDRESS **1412 NW 82ND AVE**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **DP** DELETE
NAME **MARTINEZ, MARIA V**
STREET ADDRESS **1412 NW 82ND AVE**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **DV** DELETE
NAME **BICKENBACH, KRISTIAN**
STREET ADDRESS **1412 NW 82ND AVE**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **DT** DELETE
NAME **BICKENBACH, HELMUT**
STREET ADDRESS **1412 NW 82ND AVE**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Handwritten signature and date: 12/20/96

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Handwritten signature of Sandra B. Myrtham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2496

Date

Daytime Phone #

CR2E034 (12/95)