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FILED

Jan 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000002524 (2)

1. Corporation Name
INFINITE FLOWERS WHOLESALE, CORP.

Principal Place of Business

1380 W 37TH ST
HIALEAH FL 33012

Mailing Address

1380 W 37TH ST
HIALEAH FL 33012-4857

3. Date Incorporated or Qualified
01/04/1996

3a. Date of Last Report

2. Principal Place of Business

21 1592 W. 37 St.
Suite, Apt. #, etc.

2a. Mailing Address

26 1592 W. 37 St.
Suite, Apt. #, etc.

4. FEI Number

65-0629809

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 Hialeah, FL

City & State

28 Hialeah, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24 33012

Country

25 USA

Zip

29 33012

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MARTINEZ, BELKIS
1380 W 37TH ST
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name

Alexandra Vorbe

82 Street Address (P.O. Box Number is Not Acceptable)

1592 W. 37 St.

83

84 City

Hialeah

FL

85 Zip Code

33012

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 *Alexandra Vorbe*

(Signature type: For printed name, or for notary and not applicable)

(NOTE: Registered Agent signature required when reinstating)

1/7/97

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	Alexandra Vorbe	
STREET ADDRESS	1380 W 37 St.	
CITY - ST - ZIP	Hialeah, FL 33012	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Belkis Martinez	
STREET ADDRESS	1380 W 37 St.	
CITY - ST - ZIP	Hialeah, FL 33012	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Patrick Francis	
STREET ADDRESS	6900 NW 43 St.	
CITY - ST - ZIP	Hialeah, FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 on an attachment with an address.

SIGNATURE: *Alexandra Vorbe*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97 (305) 826-5944
Date Daytime Phone

CR2E034 (9/96)