## FILE NOW: FILING FEE AFTER MAY 1 IS \$550 DO

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT

Sandra B. Morth

Secretary of Stat

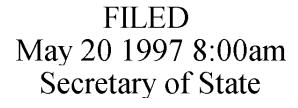
DIVISION OF CORPOR TIONS

## DOCUMENT # P9600007075 (0)

FLOWERS OF THE RAINFOREST, INC.

Principal Place of Business

Mailing Address





4782 D SUNNY PALM CIRCLE WEST PALM BEACH FL 33415			4782 D SUNNY PALM CIRCLE WEST PALM BEACH FL 33415-2861						
						3. Date Incorporated or Qualified 01/19/1996	3a. Date of Last	Report	
2. Principal Place of Business			2a, Mailing Address		4. FEI Number	A	Applied For		
21			26			65-0637891		ot Applicable	
Suite, Apt. #, etc.			Sulte, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75	Additional	
22 Cit. 8 Cit.			27			S. Seriota di Giardo Debrio	Fee F	Required	
City & State			City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip		Country	Zip Country		8. This corporation has liability for	intangible tax under	s. 199.032,		
24		25	29	30			Yes No		
g, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
PEREZ, JOSE					81 Name				
4782 D SUNNY PALM CIRCLE					82 Street	ct Address (P.O. Box Number is Not Acceptable)			
WE	st Palm B	EACH FL 33415							
					83				
	•				84 City	N/ PRINCIPAL AND A STATE OF THE		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		or printed name of registered agent	Line Princ						
12.	Signature-Approx	OFFICERS AND		13.	Agent signatu	re required when reinstaling)  ADDITIONS/CHANGES TO OFFI	DATE CEDS AND DIDECTOR	DC IN 12	
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on nereby 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.