

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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000012867 (3)**

1. Corporation Name
HIALEAH GARDEN FLOWERS, INC.

Principal Place of Business 104 HIALEAH DR. HIALEAH FL 33010	Mailing Address 104 HIALEAH DR. HIALEAH FL 33010-5217
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/07/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0645697		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PINTADO, ELVA M 159 E 2 STREET APT 7 HIALEAH FL 33010				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number Is Not Acceptable)			
83				84 City			
				85 Zip Code FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ACOSTA, MARIA		1.2 NAME	ELVA M. PINTADO	
CITY - ST - ZIP	98 W. 20TH ST. HIALEAH FL 33010		1.3 STREET ADDRESS	159 E. 2 ST. APT. 7	
TITLE	NAME	<input checked="" type="checkbox"/> DELETE	1.4 CITY - ST - ZIP	HIALEAH, FL. 33010	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	VS PINTADO, ELBA M		2.1 TITLE	SILVIA ROMAN	
CITY - ST - ZIP	159 E. 25TH ST., APT. 7 HIALEAH FL 33010		2.2 NAME	10000 N.W. 80 COURT #2107	
TITLE	NAME	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	WIA Gardens FL 33016	
STREET ADDRESS			2.4 CITY - ST - ZIP		
CITY - ST - ZIP			3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> DELETE	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			4.2 NAME		
CITY - ST - ZIP			4.3 STREET ADDRESS		
TITLE	NAME	<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP		
STREET ADDRESS			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP			5.2 NAME		
TITLE	NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY - ST - ZIP		
CITY - ST - ZIP			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> DELETE	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			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:

Elva M. Pintado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/97 (305) 888-0304
Date Daytime Phone #

CR2E034 (9/96)