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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

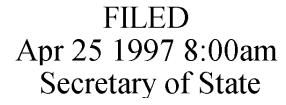
1997

DOCUMENT # **P96000012867 (3)**

HIALEAH GARDEN FLOWERS, INC.

Principal Place of Business

Mailing Address





104 HIALEAH (HIALEAH FL 33		104 HIALEAH DR. HIALEAH FL 33010-5217				
					ŀ	3. Date Incorporated or Qualified 3a. Date of Last Report 02/07/1996
2. Principal P	lace of Business	2a. Mailing Address 26				4. FEYNumber 65-0645697 Applied For Not Applicable
Suite Apt	#, etc	Suite, Apt. #, etc.				5 Certificate of Status Degreed Si8.75 Additional
City & State	0	City & State			·	Fee Required 6. Election Campaign Financing \$5.00 May Be
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country Zip 29		Country 30			This corporation has liability for intangible tax under s. 199.032, Florida Statutes
	9. Name and Address of Cur		1001			10. Name and Address of New Registered Agent
	'ADO, ELVA M		8	1	Name	
159 E 2 STREET APT 7 HIALEAH FL 33010			. 6:	2	Street Addre	ess (P.O. Box Number is Not Acceptable)
			8	3		
			В	4	City	FL 85 Zip Code
11. Pu/suant	to the provisions of Sections 607.0	502 and 607 1508, Florida Statut	les, the abo	ve-	named corpo	oration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
office or r agent. La	egistored agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida. Such change was ligations of, Section 607.0505, Fl	authorized t orida Statute	oyt es.	the corporation	ion's board of directors. I hereby accept the appointment as registered
SIGNATURE						•
12.	Sagnative it good or pointed name of registered			geni	signature required	ed when reinstating) DATE
TILL	DEFICERS A	AND DIRECTORS DELETE	13. 1.1 TITLE		P	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	ACOSTA, MARIA	Carlo Otteric	1.2 NAME			LVA M. PINTADO
STREET ADDRESS	98 W. 20TH ST.		1.3 STREE			59 E. 2 ST. APT.7
City - St - ZiP	HIALEAH FL 33010		1.4 CITY-		ZIP HI	IALEAH, FL. 33010
TITLE	VS	₹ DELETE	2.1 TITLE		1/1	☐ Change ☑ Addition
NAME	PINTADO, ELBA M		2.2 NAME		1	SILVIA KOMAN
STHEET ADDRESS	159 E. 25TH ST., APT. 7		2 3 STREE	Y AI		
CHY- \$1 - 7/61	HIALEAH FL 33010		2 4 CITY	- 51	-ZiP	Min Gnudens R 330/L
1-TLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3 2 NAME			
STREET ADDRESS			3.3 STAEE			
CHY-S1-Zie Tüle		DELETE	3.4. CITY-	· \$1 ·	- ZIP	Change Addition
NAME		hand periods	4. 2 NAM			El cualde El vantion
STREET ADORESS			4.3 STREE		noress	
(31Y-51-2IP			4.4 CITY -		·	
TITLE	***************************************	DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	TA	DORESS	
C(1) - S1 - 7(P			5.4 CITY-	ST-	ZIP	
THE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	TAE	DDRESS	
CUTY - \$1 - 71P			6.4 CITY-	S 1 -	ZIP	

certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. | further certify that the Too hereby dealing that the information supplied with this filling does not quality of the exemption stated in section 119.07(5)(i), Florida Statutes. 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 c

SIGNATURE: