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FILED
May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000016889 (3)

1. Corporation Name
BRICKELL BEST FLOWERS INC.

Principal Place of Business
1763 SOUTHWEST 3RD AVENUE
MIAMI FL 33129

Mailing Address
1757 SOUTHWEST 3RD AVENUE
MIAMI FL 33129-1414

3. Date Incorporated or Qualified
02/23/1996

3a. Date of Last Report

4. FEI Number

DATE 65-0642805

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

~~AMERICAN WATER SUPPLY~~ LUIS F. DE LA GUARDIA
~~815 ALHAMBRA AVENUE~~ 1757 S.W. 3RD AVE
~~MIAMI FL 33129~~ MIAMI FLA 33129

10. Name and Address of New Registered Agent

81 Name

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

83

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 LUIS F. DE LA GUARDIA, PRES.

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

(NOTE: Registered Agent signature required when changing)

4-29-97

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME DE LA GUARDIA, LUIS F
STREET ADDRESS 1763 SOUTHWEST 3RD AVENUE
CITY-ST-ZIP MIAMI FL 33129

☐ DELETE

TITLE V
NAME MORALES, ADEL N
STREET ADDRESS 1763 SOUTHWEST 3RD AVENUE
CITY-ST-ZIP MIAMI FL 33129

☒ DELETE

TITLE S
NAME CASTELLANO, ELEONOR
STREET ADDRESS 1763 SOUTHWEST 3RD AVENUE
CITY-ST-ZIP MIAMI FL 33129

☒ DELETE

TITLE V. DE LA GUARDIA LUIS F.
NAME
STREET ADDRESS 1757 S.W. 3RD AVE
CITY-ST-ZIP MIAMI FLA - 33129

☐ DELETE

TITLE S DE LA GUARDIA LUIS F.
NAME
STREET ADDRESS 1757 S.W. 3RD AVE
CITY-ST-ZIP MIAMI FLA 33129

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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***165.00

CS
5/14/97

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: LUIS F. DE LA GUARDIA

Date

Daytime Phone