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FILED
May 15 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 # P96000033777 (9)

1. Corporation Name

RAPID FLOWERS, INC.

Principal Place of Business

16445 OLD CUTLER RD
MIAMI FL 33157

Mailing Address

16445 OLD CUTLER RD
MIAMI FL 33157-2530



3. Date Incorporated or Qualified

04/18/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0661198

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

9. Name and Address of Current Registered Agent

VALHUERDI, HERMINIO
16445 OLD CUTLER RD
MIAMI FL 33157

10. Name and Address of New Registered Agent

61 Name

ALVARO HERNANDEZ

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

105 NW 60 AVE

63

64 City

MIAMI

FL

65 Zip Code

33126

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME CHAMBLESS, AIDA V
STREET ADDRESS 16445 OLD CUTLER RD
CITY-ST-ZIP MIAMI FL 33157 ☒ DELETE

TITLE VTD
NAME VALHUERDI, HERMINIO
STREET ADDRESS 16445 OLD CUTLER RD
CITY-ST-ZIP MIAMI FL 33157 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME P/T/S
3.3 STREET ADDRESS ALVARO HERNANDEZ
3.4 CITY-ST-ZIP 105 NW 60 AVE
MIAMI, FL. 33126

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME VP
4.3 STREET ADDRESS MARIA E. HERNANDEZ
4.4 CITY-ST-ZIP 105 NW 60 AVE
MIAMI, FL. 33126

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

6.1 TITLE ☐ Change ☐ 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, as changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALVARO HERNANDEZ

4/30/97

305-665-2859

0216821

CR2E034 (9/96)