

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

**FILED**

**Mar 24 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 # P96000043081 (4)**

1. Corporation Name

**MIAMI SHORES FLOWER & GIFT SHOP, INC.**



Principal Place of Business

Mailing Address

**10700 N.E. 6TH AVENUE  
MIAMI SHORES FL 33161**

**10700 N.E. 6TH AVENUE  
MIAMI SHORES FL 33161-7130**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

**MARX, JAMES ESQ  
MIAMI CENTER - SUITE 340  
201 SOUTH BISCAYNE BLVD.  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **MARK PAPPAS**  
82 Street Address (P.O. Box Number is Not Acceptable) **10700 NE 6th Avenue**  
83  
84 **Miami** FL 85 Zip Code **33161**

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

*Mark Pappas*

**OWNER, President 3-11-97**

Signature of the principal officer or director of the corporation (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> DELETE
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
15 TITLE	<input type="checkbox"/> DELETE
16 NAME	
17 STREET ADDRESS	
18 CITY - ST - ZIP	
19 TITLE	<input type="checkbox"/> DELETE
20 NAME	
21 STREET ADDRESS	
22 CITY - ST - ZIP	
23 TITLE	<input type="checkbox"/> DELETE
24 NAME	
25 STREET ADDRESS	
26 CITY - ST - ZIP	

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>P/V/S</b>
13 STREET ADDRESS	<b>MARK PAPPAS</b>
14 CITY - ST - ZIP	<b>10700 NE 6th Avenue</b>
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY - ST - ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY - ST - ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 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 of this report, or in an attachment with an address.

SIGNATURE: *Mark Pappas* **MARK PAPPAS** 3-11-97 (305) 954-2500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)