SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Sep 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # P96000065628

1. Corporation Name

RIPOLL FLOWER DISTRIBUTORS, INC.
9300 S. DADELAND BLVD., SUITE # 406

Principal Place of Business: MIAMI, FLORIDA 33156

Mailing Address: 9300 S. Dadeland Blvd. Suite # 406 Miami, FL. 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: Aug. 6, 1996

4. FEI Number: 65-0689156 — 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
- 21 9300 S. Dadeland Blvd,
- 22 Suite, Apt #, etc: 406
- 23 City & State: Miami, FL.
- 24 Zip: 33156
- 25 Country: U.S.A.

2a. Mailing Address
- 26 same
- 27 Suite, Apt #, etc:
- 28 City & State:
- 29 Zip:
- 30 Country:

9. Name and Address of Current Registered Agent

Joe Novitski
8312 NW 14 St.
Miami, FL. 33126

10. Name and Address of New Registered Agent
- 81 Name: Linda M. Kaplan, Esq
- 82 Street Address (P.O. Box Number is Not Acceptable): 9300 S. Dadeland Blvd.,
- 83 Suite # 406
- 84 City: Miami FL
- 85 Zip Code: 33156

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] 8/31/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Marta RIPOLL c/o Linda Kaplan	
STREET ADDRESS	9300 S. Dadeland Blvd., #406	
CITY-ST-ZIP	Miami, Florida 33156	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
TITLE	Vice President	☐ DELETE
NAME	Linda M. Kaplan, Esq.	
STREET ADDRESS	9300 S. Dadeland Blvd.# 406	
CITY-ST-ZIP	Miami, FL. 33156	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		

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***550.00

CR2E034 (5/98)

14. I 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 [signature] 305-670-7665 8/12/98
Date / Daytime Phone #