

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000065628

1. Corporation Name

RIPOLL FLOWER DISTRIBUTORS, INC.

Principal Place of Business

9300 S. DADELAND BLVD.
406
MIAMI FL 33156

Mailing Address

9300 S. DADELAND BLVD.
406
MIAMI FL 33156

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

KAPLAN, LINDA M ESQ
9300 S. DADELAND BLVD.
406
MIAMI FL 33156

3. Date Incorporated or Qualified

08/06/1996

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 the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

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

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 P
NAME RIPOLL, MARTA
STREET ADDRESS C/O LINDA KAPLAN, 9300 S DADELAND BLVD, 406
CITY-ST-ZIP MIAMI FL 33156

☐ DELETE

TITLE V
NAME KAPLAN, LINDA M
STREET ADDRESS 9300 S. DADELAND BLVD., #406
CITY-ST-ZIP MIAMI FL 33156

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Director
1.2 NAME Ripoll, Marta
1.3 STREET ADDRESS C/O Linda Kaplan, 9300 S Dadeland
1.4 CITY-ST-ZIP Blvd. Miami, Fl 33156

☒ Change

☐ Addition

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

☐ Change

☐ Addition

3.1 TITLE Director/V.president/Sec.
3.2 NAME Felipe Urritia
3.3 STREET ADDRESS C/O Linda Kaplan, 9300 S Dadeland
3.4 CITY-ST-ZIP Blvd. Miami, Fl 33156

☐ 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

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, with all other like empowered.

SIGNATURE:

Marta Ripoll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 24, 1999 011-571-6237050

Date

Daytime Phone #

0229495

CR2E034 (11/98)

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90077 022 ***150.00



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