FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P96000076439 (4)

1. Corporation Name
GARDENIA FLOWERS, INC.

Principal Place of Business
610 W. 17TH ST.
HIALEAH FL 33010

Mailing Address
610 W. 17TH ST.
HIALEAH FL 33010-2415

3. Date Incorporated or Qualified: 09/13/1996
3a. Date of Last Report:

2. Principal Place of Business (21)	6905 W 12th Ave. Unit 7
Suite, Apt #, etc. (22)	Unit 7
City & State (23)	Hialeah, FL
Zip (24)	33014
Country (25)	USA
2a. Mailing Address (26)	6905 W 12th Ave. Unit 7
Suite, Apt #, etc. (27)	Unit 7
City & State (28)	Hialeah, FL
Zip (29)	33014
Country (30)	USA

4. FEI Number: 65-0692279 ☐ 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

SOLIS, JIMY
610 W. 17TH ST.
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name	TORRES, SILVIA I.
82 Street Address (P.O. Box Number is Not Acceptable)	6905 West 12th Ave.
83	Unit 7
84 City	Hialeah FL
85 Zip Code	33014

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: *Silvia Torres* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☒ DELETE
NAME	SOLIS, JIMY	
STREET ADDRESS	610 W. 17TH ST.	
CITY-ST-ZIP	HIALEAH FL 33010	
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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P/S	XX Change ☐ Addition
1.2 NAME	TORRES, SILVIA I	
1.3 STREET ADDRESS	6905 W 12th Ave. Unit 7	
1.4 CITY-ST-ZIP	Hialeah, FL 33014	
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 ****165.00

A. Alga... 1/22/97

CR2E034 (9/96)

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: *Silvia Torres* SILVIA I. TORRES — 305-558-7767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0114619