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 # P96000081143

1. Corporation Name

SOUTH AMERICAN FLOWER COLLECTION, INC.

Principal Place of Business	Mailing Address
8640 SW 98TH AVE	18640 SW 98TH AVE
MIAMI FL 33157	MIAMI FL 33157

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90092 012 ***150.00



Principal Plac	ce of Business	Mailing Address					
18640 SW 98TH AVE 18640 SW 98TH AVE							
MIAMI FL 3315	57	MIAMI FL 33157			DO NOT WRITE IN THIS	00405	
					DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE	
					09/27/1996		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			65-0699616	ļi	ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			E Contiferate of State of Paris of		Additional
22		27			5. Certificate of Status Desired	Fee Re	equired
City & Star	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year Inta		1-7
24	25 9. Name and Address of Cu	29	30		Personal Property Tax.	Yes	No
	J. Name and Address of Ci	urrent Registered Agent	81	Name	10. Name and Address of New Registered A	gent	
WO	LAVER, THOMAS H						
1864	40 SW 98TH AVE		82	Street A	Address (P.O. Box Number is Not Acceptable)		
MIAI	MI FL 33157		83		2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	261	2 11 27
					<u>。 </u>		
			84	City		85 Zip (Code
11. Pursuant	to the provisions of Sections 607	7.0502 and 607.1508, Florida Statu	tes, the abov	e-named o	corporation submits this statement for the purpose of o	hanging its	registered
l office or n	registered a <u>dent-of-sett</u> a, in the S	state of Florida. Such change was a	authorized by	the corpo	oration's board of directors. I hereby accept the appoin	tment as re	gistered
agent La	m familiar with and accent the o	hligations of Section 607.0505. Fix	orida Statutos		The state of an extension in the state of an expension		-
agent. I a	am familiar with and accept the o	bligations of, Section 607.0505, Flo	orida Statutos		Miles and Dem	1/4	Jan
agent. I a SIGNATURE	am familiar with and accept the o	bligations of, Section 607.0505, Fig.	orida Statutes		Aufred when reinstating) DATE	//30	2/49
SIGNATURE	in tariffar with and accept the o	bligations of Section 607.0505, Fixed agent and title if applicable. (NOT)	orida Statutes		Helperson Der	DIRECTO	2/99
SIGNATURE 12.	of parties typed or printed name of registeres OFFICER:	bligations of, Section 607.0505, Flood agent and title if applicable. (NOT	E: Registered Age		Sulfied whon reinstating) DATE	DIRECTO Change	2/99
agent. La SIGNATURE 12. TITLE NAME	OFFICER: DP WOLAVER, THOMAS H	bligations of Section 607.0505, Fixed agent and title if applicable. (NOT)	E: Registered Ager		Sulfied whon reinstating) DATE		2/49 PRS IN 12
SIGNATURE 12.	OFFICER: DP WOLAVER, THOMAS H 18640 SW 98TH AVE	bligations of Section 607.0505, Fixed agent and title if applicable. (NOT)	E: Registered Ages 13.	t signature re	Sulfied whon reinstating) DATE		2/49 PRS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP