FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Mar 20 1997 8:00am
Secretary of State

DOCUMENT # P96000087044

1. Corporation Name
C & S FLOWER IMPORTERS, INC.

Principal Place of Business
2914 NW 72 AVENUE
MIAMI, FL 33122

Mailing Address
1140 KANE CONCOURSE-5TH FL
BAY HARBOR ISLANDS, FL 33154

3. Date Incorporated or Qualified: 10/22/96
3a. Date of Last Report:
4. FEI Number: 65-0704201 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $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 [X] Yes [ ] No

2. Principal Place of Business — 21 / Suite, Apt #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~MARTA E. CATALA~~
~~310 SOUTH SHORE DRIVE #11~~
~~MIAMI BEACH, FL 33141~~

10. Name and Address of New Registered Agent

81 Name: ROBERT HENRY SILVERS
82 Street Address (P.O. Box Number is Not Acceptable): 1140 KANE CONCOURSE FIFTH FLOOR
83
84 City: BAY HARBOR ISLANDS FL 85 Zip Code: 33154

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 and am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 3/13/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	MARTA E. CATALA	
STREET ADDRESS	1140 KANE CONCOURSE - FIFTH FLOOR	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE	VP/D	[ ] DELETE
NAME	JOHN SANTAIGO TORRES	
STREET ADDRESS	1140 KANE CONCOURSE FIFTH FLOOR	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
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	VB 3-20	
5.4 CITY-ST-ZIP		
6.1 TITLE	700002120737	[ ] Change [ ] Addition
6.2 NAME	-03/21/97--01008--037	
6.3 STREET ADDRESS	***173.75	
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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] MARTA E. CATALA 3/12/97 305-406-2727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #