

FILE NOW: FILING FEE AFTER MAY 1 IS \$55⁰

FILED

**May 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moore Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000097109 (8)

1. Corporation Name
CANNON FLORAL, INC.



Principal Place of Business 6115 NW 72 AVE. MIAMI FL 33166	Mailing Address 6115 NW 72 AVE. MIAMI FL 33166-3707
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 11/25/1996	3a. Date of Last Report
4. FEI Number 65-0718188	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
HERRERA C., CARLOS 6115 NW 72 AVE. MIAMI FL 33166	

10. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered signature required when reinstating)

12. OFFICERS AND DIRECTORS			1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	ADDRESS	1	Change	Addition
NAME	DPS HERRERA C., CARLOS	6115 NW 72 AVE. MIAMI FL 33166	1		
STREET ADDRESS			1		
CITY-ST-ZIP			1		
TITLE	NAME	ADDRESS	2	Change	Addition
NAME	V ROJAS, HUGO	6115 NW 72 AVE. MIAMI FL 33166	2		
STREET ADDRESS			2		
CITY-ST-ZIP			2		
TITLE	NAME	ADDRESS	3	Change	Addition
NAME			3		
STREET ADDRESS			3		
CITY-ST-ZIP			3		
TITLE	NAME	ADDRESS	4	Change	Addition
NAME			4		
STREET ADDRESS			4		
CITY-ST-ZIP			4		
TITLE	NAME	ADDRESS	5	Change	Addition
NAME			5		
STREET ADDRESS			5		
CITY-ST-ZIP			5		
TITLE	NAME	ADDRESS	6	Change	Addition
NAME			6		
STREET ADDRESS			6		
CITY-ST-ZIP			6		

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered to appear in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE: _____

CR2E034 (9/96)