

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1996

2. Principal Place of Business

21 2304 NW 14th St.

Suite, Apt. #, etc.

2a. Mailing Address

26 2304 NW 14th St.

Suite, Apt. #, etc.

4. FEI Number

65-0718188

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 or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

22 City & State
Miami Florida

27 City & State
Miami Florida

23 Zip
33126

25 Country
U.S.A.

28 Zip
33126

30 Country
U.S.A.

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

81 Name ROJAS, HUGO

82 Street Address (P.O. Box Number is Not Acceptable)
83-04 NW 14TH ST

83 Miami

84 City

FL

85 Zip Code

33126

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 *Hugo Rojas*
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 DPS
NAME HERRERA C., CARLOS
STREET ADDRESS 6115 NW 72 AVE.
CITY-ST-ZIP MIAMI FL 33166 ☒ DELETE

TITLE V
NAME ROJAS, HUGO
STREET ADDRESS 6115 NW 72 AVE.
CITY-ST-ZIP MIAMI FL 33166 ☒ 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 DPS
1.2 NAME ROJAS, HUGO
1.3 STREET ADDRESS 83-04 NW 14TH ST
1.4 CITY-ST-ZIP MIAMI FL 33126 ☒ Change ☐ Addition

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(j), 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: *Hugo Rojas* Hugo Rojas

(305) 471-8448

CR2E034 (5/98)