SECOND NATICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE OR OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000103803 (8)

FILED

97 AUG -4 AH 10: 58

SEGNETANY OF STATE TALLAHASSEE, FLORIDA

PLOWER FIELDS INTERNATIONAL, INC.					 	:: 	IANA GAIRA NA
Principal Place	of Business	Mailing Address			i iadiiadi iin iniid diiit adiit dalit da		IDIEL BRIDD HILL CODE
82-CHORE-DR	-82-SHORE DRIVE NORTH						
MIAMI PL 331	96	MIAMI FL 33133	A (7		DO NOT WOLL	IN THIS SPACE	_
		7184 N.W.1	7 21		3. Date Incorporated or Qualified	3a, Date of L	
		MILMI, F	- /. 3.	3126	12/27/1996	Sa. Date Of L	Last Nopolt
2. Principal Pi	ace of Business	2a. Mailing Address		1. (1) (1)	4, FEI Number		Applied For
21 7 8	4 N.W. 12ST	26 7/84	· 1	W 1257			Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional ee Required
City & State	ani FL.	City & State	FC		6, Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Zin 33	126 COMPANE	29 33/21	Goupt	ADE	8. This corporation owes or has pa Personal Property Tax due June		_ ·
	9. Name and Address of Current	<u> </u>			10. Name and Address of New Re		
GRACIA, LOURDES M 81 Name							
22 CHODE DOWE MODIL 77 V (N L) () (T					Idress (P.O. Box Number is Not Acceptable)		
MIAMIFL 89189. MI AND 7P. 33/33				olloct /tddi	ress (1.0. box Number is Not Accoptate	,,,,	
	₩1,7 F.	in 4. 33/39	8	3			
			8	4 City		—. 85	Zip Code
			"	City		FL °°	210 C008
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the abo	ve-named corp	poration submits this statement for the ption's board of directors. I hereby accept	ourpose of chang	ging its registered
agent. I ar	egistered agent, or both, in the state o m familiar with, and accept the obligati	ons of, Section 607,0505, Flor	ida Statut	oy me corporat es.	tion's poard of directors, I hereby accep	or the appointme	int as registered
SIGNATURE .							
	Signature, typed or printed name of registered agent			gent signature requi	red when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.	 	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRE	
TITLE	GRACIA, LOURDES M	☐ better	1.1 TITLE		نان ريندس رسنس ودهن رينس ريندن اون	<u>-</u>	-
NAME	-32 SHORE DRIVE NORTH 71	22 JW 125T	1,2 NAM	-	1 000022 -08/08/		311
STREET ADDRESS	MIAMI FL-88189- 33/26			ET ADDRESS			
CITY-ST-ZIP TITLE	188 471 12 00 100 35 136	DELETE	1.4 CITY 2.1 TITLE		<i>₹₹₹₹</i> [8	<u>5.00 **</u>	**165.00 &
NAME		C Ditter	2.2 NAM	1		<u> </u>	
STREET ADDRESS				ET ADDRESS			İ
			2. 4 CITY				
CITY-ST-ZIP		☐ DELETE	3.1 TITLE			□ Cr	hange Addition
NAME			3 2 NAM			_	
STREET ADDRESS				ET ADDRESS			-
CITY-ST-ZIP				- ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Ch	hange Addition
NAME V			4. 2 NAV	IE			
STREET ADDRESS			4.3 STRE	E1 ADDRESS			
CITY-ST-ZIP			4.4 CITY	- ST- ZIP			
TITLE		DELETE	5.1 TITLE			☐ Ch	hange Addition
NAME	•		5.2 NAM	£			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	- ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Ch	hange Addition
NAME			6.2 NAM	E			1
STREET ADDRESS			6.3 S1RE	et address			
CITY-ST-ZIP			6.4 CITY	- ST - ZIP			

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 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 or, an attachment with an address.



Flowerfields, Inc.

7184 N.W. 12th STREET, MIAMI, FL 33126 P.O. BOX 523351, MIAMI, FL 33152 PHONE (305) 594-2800 / FAX (305) 594-3641

July 25- 1997

Devision of Corporation

for the accent Companition fees.

he per our telephone Conveniation I receive freezeward The First Vistie to make this frequent.

I have added one new address

Juierely