

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mørtham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P97000008568 (2)

1. Corporation Name  
**FLO'S DELIGHT, INC.**



Principal Place of Business <b>590 N.W. 127TH STREET NORTH MIAMI FL 33168</b>	Mailing Address <b>590 N.W. 127TH STREET NORTH MIAMI FL 33168</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/23/1997</b>	
21		26		4. FEI Number <b>65-0725559</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <b>th</b> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent <b>LISSADE, FLORENCE 590 N.W. 127TH STREET NORTH MIAMI FL 33168</b>				10. Name and Address of New Registered Agent			
				81	Name <b>Cassandra Z. Edwards</b>		
				82	Street Address (P.O. Box Number is Not Acceptable) <b>590 NW 127 ST</b>		
				83			
				84	City <b>Miami</b>	FL	85 Zip Code <b>33168</b>

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 **Cassandra Edwards** **Cassandra Edwards** **4-24-98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>Natasha S. Edwards</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>LISSADE, FLORENCE</b>			1.2 NAME	<b>President</b>		
STREET ADDRESS	<b>590 N.W. 127TH AVENUE</b>			1.3 STREET ADDRESS	<b>590 NW 127 ST</b>		
CITY-ST-ZIP	<b>NORTH MIAMI FL 33168</b>			1.4 CITY-ST-ZIP	<b>Mia, FL 33168</b>		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	<b>Vice-President</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				2.2 NAME	<b>Cassandra Z. Edwards</b>		
STREET ADDRESS				2.3 STREET ADDRESS	<b>590 NW 127 ST</b>		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	<b>Mia, FL 33168</b>		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: **Flurence Lissade** **4-24-98**

CR2E034 (10/97)