

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

FILED  
Apr 28 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 # P97000037862 (4)  
1. Corporation Name  
INTERSTATE FLORAL CO.



Principal Place of Business  
4349 N.W. 36 ST. #747  
MIAMI SPRINGS FL 33166

Mailing Address  
4349 N.W. 36 ST. #747  
MIAMI SPRINGS FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 2914 NW 72nd AVENUE  
Suite, Apt. #, etc.  
22  
City & State  
23 MIAMI FL  
Zip  
24 33122  
Country  
25  
2a. Mailing Address  
26 2914 NW 72nd AVENUE  
Suite, Apt. #, etc.  
27  
City & State  
28 MIAMI FL  
Zip  
29 33122  
Country  
30

3. Date Incorporated or Qualified  
04/28/1997  
4. FEI Number  
65-0754100  
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

9. Name and Address of Current Registered Agent

PEREZ-RODRIGUEZ, OLGA  
4349 N.W. 36 ST. #747  
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent

81 Name  
SAME  
82 Street Address (P.O. Box Number is Not Acceptable)  
2914 NW 72nd AVENUE  
83  
84 City  
MIAMI FL 85 Zip Code  
33122

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

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	PEREZ-RODRIGUEZ, OLGA	4349 N.W. 36 ST. #747	MIAMI SPRINGS FL 33166	<input type="checkbox"/>
VPD	PEREZ, JULIETA	4349 N.W. 36 ST. #747	MIAMI SPRINGS FL 33166	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
SAME	SAME	2914 NW 72 AVENUE	MIAMI FL 33122	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
SAME	SAME	2914 NW 72nd AVENUE	MIAMI FL 33122	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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 in an attachment with an address.

SIGNATURE:

*Olga Perez Rodriguez*

4-15-98 (305) 513-4748

CR2E034 (10/97)