FROM : GMTDOTATEJMPAJ PHONE NO. : 305+5133832 Aug. 10 1999 12:57AM P1

FLORIDA
CORPORATION
ANNUAL REPORT
1999

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000037862

1. Corporation Name

INTERSTATE FLORAL COMPANY

Principal Place of Business	Mailing Address
6380 W. 24th Ct. Apt. 104 Hialeah, FL 33016	P. O. BOX 52-0095 MIAMI FL 33152-0095

05/13/99 900126006 $1 163.75

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 4/28/97

2. Principal Place of Business	2a. Mailing Address
21 6380 W. 24th Ct. Apt. 104	26 P. O. BOX 52-0095
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Hialeah, FL 33016	28 City & State: MIAMI FL
24 Zip: 33122 25 Country	29 Zip: 33152-0095 30 Country

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

7. This corporation owes the current year intangible Personal Property Tax: ☐ Yes ☒ No

8. Name and Address of Current Registered Agent

Ms. Olga Perez-Rodriguez
6380 W. 24th Ct. Apt. 104
Hialeah, FL 33016

10. Name and Address of New Registered Agent

81 Name
82 Street Address
83
84 City FL 85

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 changing) DATE

12 OFFICERS AND DIRECTORS		13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Ms. Olga Perez-Rodriguez 6380 W. 24th Ct. Apt. 104 Hialeah, FL 33016 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	SAME PEREZ-RODRIGUEZ OLGA P. O. BOX 52-0095 MIAMI FL 33152 XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PEREZ-JULIETA 6380 W. 24th Ct. Apt. 104 Hialeah, FL 33016 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VPD SAME P. O. BOX 52-0095 MIAMI FL 33152 XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition SP

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, with all other like empowered.

SIGNATURE: Olga Perez Rodriguez 4/23/99 (305) 822-9736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #