

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

FILED
Jun 04 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PRQFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 1. Corporation Name **P97000048052**

DREAM FLOWERS CORP.

Principal Place of Business Mailing Address

2652 NW 21st Terrace
Miami, FL 33142

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 2652 NW 21st Terrace Suite, Apt. #, etc. | 26 2652 NW 21st Terrace Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Miami, FL | 28 Miami, FL |
| 24 Zip 33142 | 29 U.S.A. |
| 25 U.S.A. | 30 U.S.A. |

| | |
|---|---|
| 3. Date Incorporated or Qualified | Applied For |
| May 30, 1997 | Not Applicable |
| 4. FEI Number | Applied For |
| 65-0761116 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input checked="" type="checkbox"/> | |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 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 |

9. Name and Address of Current Registered Agent

Marks & Artau, P.A.
2499 Glades Road, #101
Boca Raton, FL 33431

10. Name and Address of New Registered Agent

| | |
|---|----------------------|
| 81 Name | Maria Fabrega |
| 82 Street Address (P.O. Box Number is Not Acceptable) | Dream Flowers Corp. |
| 83 | 2652 NW 21st Terrace |
| 84 City | Miami |
| 85 Zip Code | FL 33142 |

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Roberto Fabrega
Signature typed or printed name of officer or director if applicable

May-23-98
DATE

12. OFFICERS AND DIRECTORS

| | | | | |
|-------|------|----------------|-------------|---------------------------------|
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| | | | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|--------------------------------|--|-----------------|-----------|------------------------------------|--------------------|-----------------|-----------|----------|--------------------|-----------------|-----------|----------|--------------------|-----------------|-----------|----------|--------------------|-----------------|-----------|----------|--------------------|-----------------|
| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP |
| | President, Treasurer, Director | | | | Roberto Fabrega | | | | | | | | | | | | | | | | | | |
| | | Avenida Amazonas 4430 (Edificio Banco Amazonas) 4th FL, #402, Quito, Ecuador | | | Secretary, Vice-Pres., Director | | | | | | | | | | | | | | | | | | |
| | | | | | Maria Del Rosario Tobar De Fabrega | | | | | | | | | | | | | | | | | | |
| | | Avenida Amazonas 4430 (Edificio Banco Amazonas) 4th FL, #402, Quito, Ecuador | | | Management Director | | | | | | | | | | | | | | | | | | |
| | | | | | Maria Del Rosario Tobar De Fabrega | | | | | | | | | | | | | | | | | | |
| | | 540 Brickell Key Drive Apt #217 Miami FL 33131 | | | | | | | | | | | | | | | | | | | | | |

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:

Roberto Fabrega
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May-23-98

(305) 634-0006

Daytime Phone #

CR2E034 (10/97)