

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90025 029 ***150.00

DOCUMENT # P97000048052

1. Corporation Name

DREAM FLOWERS CORP.

Principal Place of Business
2652 NW 21ST TERRACE
MIAMI FL 33142

Mailing Address
2652 NW 21ST TERRACE
MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1997

4. FEI Number

65-0761116

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 the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FABREGA, MARIA
2652 NW 21ST TERRACE
C/O DREAM FLOWERS CORP
MIAMI FL 33142

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PTD**
STREET ADDRESS **FABREGA, ROBERTO-AVENIDA AMAZONAS,**
CITY-ST-ZIP **(EDIFICIO BANCO AMAZONAS) 4TH FL., #402**
QUITO, ECUDOR

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SVD**
STREET ADDRESS **MARIA DEL ROSARIO TOBAR DE FABREGA**
CITY-ST-ZIP **(EDIFICIO BANCO AMAZONAS) 4TH FL., #402**
QUITO, ECUDOR

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **M**
STREET ADDRESS **MARIA FABREGA DE BORJA**
CITY-ST-ZIP **540 BRICKELL KEY DR., APT 217**
MIAMI FL 33131

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **SAME**
3.3 STREET ADDRESS **300 Sunnyside Drive Apt 2E**
3.4 CITY-ST-ZIP **MIAMI, FL 33149**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-13-99 (305) 634-0006

CR2E034 (5/99)



DREAM FLOWERS CORP

2652 N.W. 21 Terr.
MIAMI, FL 33142.
305-634-0006 fax 305-634-6464

TOLL FREE NUMBER: 1 888 344 0006

July 14, 1999

**Florida Department of State
Annual Reports Filings
Division Of Corporations
Post Office Box 6327
Tallahase, FL 32314**

Dear Sir or Madam:

**Enclosed is Dream Flowers Corp Corporate Report.
Our office had not received the pre printed Report for Dream
Flowers Corp. For this reason we were not able to file the
Corporate Annual Report on time.**

**If you have any questions regarding this matter, please call our
office. Thank you for your attention and cooperation regarding
this matter.**

Very Truly yours



**Maria Fabrega
General Manager**