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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90057 030 \*\*\*150.00

DOCUMENT #	D070000000
DOCUMENT #	P97000068235

1. Corporation Name

FELICIA FLOWERS BOTANIC, INC.

Principal Place	e of Business	Mailing Address	تارین س		1 Interiors to contrast and sent series and			
407 S.W. 12TH SUITE J & K MIAMI FL 33130	407 S.W. 12TH AVENUE 407 S.W. 12TH AVENUE SUITE J & K			DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed				
	• •				08/07/1997		1	
2. Principal Pl	ncipal Place of Business 2a. Mailing Address				4. FEI Number	App	lied For	
21	,	26			65-0781407	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		
22	27				5. Certificate of Status Desired	Fee Red	uired	
City & State City & State				6. Election Campaign Financing	\$5.00 1	· .		
23	28				Trust Fund Contribution	Added to	Fees	
Zip	Country	- * Zip	Count	ry	8. This corporation owes the current year Intangible			
24	25	29	30		Personal Property Tax.		□No	-,
	9. Name and Address of Curren	t Registered Agent		1 Name	10. Name and Address of New Registered	Agent		
NAD	TINEZ, FELICITA G		`	Name				
	IW 26TH AVE		8	2 Street Addre	ess (P.O. Box Number is Not Acceptable)		}	
	M FL 33125		-	3	· · · · · · · · · · · · · · · · · · ·			
			Ľ					
			8	4 City	FI	85 Zip C	ode	
44 Purcuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statu	tes the abo	ve-named:corpo	oration:submits:this.statement for the purpose of	.changing:its-	egistered==	
office of re	egistered agent, or both, in the State	of Florida. Such change was a	uthorized t	y the corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoi	ntment as reg	istered	1
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Fig	inda Statut	<del>2</del> 8.	-		}	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTI	: Registered A	gent signature required	d when reinstating) DATE		<del></del> ]	<u>~</u>
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	(11/98)
TITLE	D	☐ DELETE	1.1 TITU			☐ Change	☐ Addition	
NAME	MARTINEZ, FELICITA G		1.2 NAM	E			}	8
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CITY-ST-ZIP TITLE		☐ DELETE	5.3 STR 5.4 CITY 6.1 TITL	EET ADDRESS -ST-ZIP		Change	. Addition	
CITY-ST-ZIP			5.3 STR 5.4 CITY 6.1 TITL 6.2 NAM	EET ADDRESS -ST-ZIP		∵. ☐ Change	. Addition	

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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

03/34/99 (305) 324-6333