

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 29, 1999 8:00 am
Secretary of State

04-29-1999 90283 025 ***150.00

DOCUMENT # P97000077116

1. Corporation Name

American Roses, Inc.



Principal Place of Business

150 SE 25th Rd, 12-D
MIAMI, FLORIDA 33129

Mailing Address

150 SE 25th Rd 12-D
MIAMI, FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9-5-97

4. FEI Number

65-0778602

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 150 SE 25th Rd

Suite, Apt. #, etc.

22 12-D

City & State

23 MIAMI, FL

Zip

24 33129

Country

25 MIAMI-DADE

2a. Mailing Address

26 150 SE 25th Rd

Suite, Apt. #, etc.

27 12-D

City & State

28 MIAMI, FL

Zip

29 33129

Country

30 MIAMI-DADE

9. Name and Address of Current Registered Agent

Restrepo, Diego L
150 SE 25th Rd 12-D
MIAMI, FL 33129

10. Name and Address of New Registered Agent

81 Name

DIEGO L RESTREPO

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

150 SE 25th Rd # 12-D

83

84 City

MIAMI, FL

FL

85 Zip Code

33129

11. Pursuant to the provisions of Sections 607.0902 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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

4-22-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME German ROJAS

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME D Diego L Restrepo

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-99

305-858-4130

CR2E034 (11/98)