

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # **P98000042315**1. Corporation Name

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90186 014 ***150.00

GRAND FLORAL IMPORTS, INC. Mailing Address Principal Place of Business 815 SW 13TH COURT 815 SW 13TH COURT MIAMI FL 33135 MIAMI FL 33135 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/07/1998 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address -65=-0x3575b -Not Applicable 2005 N: W 170 AUR 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees MIAM Trust Fund Contribution LORIDA 28 23 Country 8. This corporation owes the current year Intangible Personal Property Tax. Zip Country Zip □No 30 Personal Property Tax. 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent OPPENHEIM, STEVEN P ESQ Street Address (P.O. Box Number is Not Acceptable) 3191 CORAL WAY. SUITE 800 83 **MIAMI FL 33145** 85 Zip Code 84 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. President/T Change ☐ Addition DELETE 1.1 TITLE TITLE 1.2 NAME RODVIGO H. HERRERA. NAME 815 5.00 13th ct 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP HIAH! FL 33122 CITY-ST-ZIP Addition ☐ Change VICE PRESIDENT 15 ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME ANDRES L. HEBRA 7958 N.W & 190 LM 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33015 ☐ Change ☐ Addition ☐ DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 44. CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition Change ☐ DELETE 4.1 TITLE TITL F 115年12月17日 4, 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CiTY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE ☐ Change ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRES STREET ADDRESS

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 copporation 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, on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ATTOR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/99 305 716 2877-

CR2E034 (11/98)