

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90127 048 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000050275**

1. Corporation Name  
**FLOWER BY 883, INC.**



Principal Place of Business <del>2750 NW 3RD AVENUE #9</del> <del>MIAMI FL 33127</del>	Mailing Address <del>2750 NW 3RD AVENUE #9</del> <del>MIAMI FL 33127</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2924 N.W. 72nd Avenue Suite, Apt. #, etc. 22 City & State 23 Miami, FL Zip 24 33122		2a. Mailing Address 26 2924 N.W. 72nd Avenue Suite, Apt. #, etc. 27 City & State 28 Miami, FL Zip 29 33122		3. Date Incorporated or Qualified <b>06/04/1998</b>	
Country 25 USA		Country 30 USA		4. FEI Number <b>65-0840836</b> Applied For Not Applicable	
9. Name and Address of Current Registered Agent <del>CHO, SANDY H</del> <del>2750 NW 3RD AVENUE #9</del> <del>MIAMI FL 33127</del>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Trust Fund Contribution <input type="checkbox"/> 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

10. Name and Address of New Registered Agent

81 Name <b>CHANG SU KIM</b>	85 Zip Code <b>33122</b>
82 Street Address (P.O. Box Number is Not Allowed) <b>2924 N.W. 72nd Avenue</b>	
83	
84 City <b>Miami</b>	FL

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

*Chang Su Kim*  
Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating)

DATE

**2/4/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KIM, CHANG SU <del>2750 NW 3RD AVENUE #9</del> <del>MIAMI FL 33127</del>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2924 N.W. 72nd Avenue</b> <b>Miami, FL 33122</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Chang Su Kim*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (11/98)

**PLEASE SIGN & DATE**