

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90240 034 ***150.00

DOCUMENT # P98000052565

1. Corporation Name
PERFECT PETALS INC.

Principal Place of Business
4480 N.W. 73 AVE.
MIAMI FL 33166

Mailing Address
4480 N.W. 73 AVE.
MIAMI FL 33166



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1998

4. FEI Number

65-0842733

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2734 NW 72nd AVE

Suite, Apt. #, etc.

22 MIAMI, FLORIDA

City & State

23 33122 US

Zip

Country

24

2a. Mailing Address

26 2734 NW 72nd AVE

Suite, Apt. #, etc.

27 MIAMI, FLORIDA

City & State

28 33122 US

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HILL, MARCELA
4480 N.W. 73 AVE.
MIAMI FL 33166

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE
NAME AYALA, FRANCISCO V
STREET ADDRESS 6162 WELLINGTON COMMONS DRIVE
CITY-ST-ZIP ALEXANDRIA VA 22310

TITLE D ☐ DELETE
NAME HILL, MARCELA
STREET ADDRESS 4480 N.W. 73 AVE.
CITY-ST-ZIP MIAMI FL 33166

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 D GASS, STEVEN G.
1.3 STREET ADDRESS 6301 COLLINS AV. #200A
1.4 CITY-ST-ZIP Miami Bch, FL 33142

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Doyle, Richard S.
2.3 STREET ADDRESS 259 BURTONWOOD DR.
2.4 CITY-ST-ZIP Key Bisc, FL 33149

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:

Marcela Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/99

Date

305-477-2212

Daytime Phone #

CR2E034 (11/98)

0238978