FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90205 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

т. Согропалю	MENT # P9800 IN FLOWER EFFECT INC.	0056826					
Principal Plac	e of Business	Mailing Addres	is .		i imbilda) iin inini rahte matti obtii i	mitt dermi strin bilet emm	11418 BILL 1861
11527 SW 175TH TERR. 11527 SW 175TH TERR.					1		
MIAMI FL 3315		MIAMI FL 3315				N 7110 00405	
		نة بسن			DO NOT WRITE	N, IHIS SPACE	
		-			3. Date Incorporated or Qualifed 06/25/1998		
2 022222	Place of Business	2a. Mailing Add	drace		4. FEI Number	- I An	plied For
	iscs of business	26	31630		125-0848003	 	t Applicable
Suite, Apt.	#. etc.	Suite, Apt.	#. etc.			\$8.75	
22	.,	27	•		5. Certificate of Status Desired	Fee Re	quired
City & Stat	le	City & Stat	e		6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added	o Fees
Zip	Country	Zip		untry	8. This corporation owes the current	year Intangible	Π
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Cum	ent Registered Agent	<u> </u>	81 Name	10. Name and Address of New Reg	stereu Agent	
COF	DERO, LOURDES			от маше			<u> </u>
11527 SW 175TH TERR.				82 Street A	dress (P.O. Box Number is Not Acceptable)	
	MI FL 33157			83			
					·		
				84 City		FL 85 Zip C	Code
office or o agent. I a SIGNATURE	im ramiliar with, and accept the obig	gallons or, Section 607	,0503, Fibrida Sta			DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	EDS AND DIRECTO	DC IN 12
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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 Statutos; 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.

6.4 CITY-ST-ZIP

SIGNATURE