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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000064902 i

IHE HOUSE OF FLOWERS, INC

8253 SW 40 Street Miami 33155 Fl

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

Mailing Address

2a. Mailing Address

Suite, Apt. ≠. etc.

26

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8253 SW 40 Street Miami Fl 33155

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90282 035 ***150.00

* 4	5 2 52472 - 90	4 7 0282 - 35	2 *	

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified

07-23-98

5. Certificate of Status Desired

-65-0852467-

4. FEI Number

City & State City & State					6. Election Cam	6. Election Campaign Financing \$5.00 Ma				
23	28				Trust Fund C	Trust Fund Contribution Added to Fee				
Zip Country	Zip	Cou	Country		8. This corporat	8. This corporation has liability for intangible tax under s. 199.032.				
24 25 .	29	30				Florida Statutes Yes No				
Name and Address of Current Registered Agent						ddress of New Re	gistered A	gent		
		ļ	81	Nar	•					
Yee, Jaime			82	Stre	Address (P.O. Bax Numb	er is Not Acceptag	ile)			
4125 SW 111 Ave.					· · · · · · · · · · · · · · · · · · ·		·			
Miami Fl 33165		İ	83							
		ţ	84	City				85 Zip	Code	
							FL			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florica 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 a		_ 	ı Ager	nt signa	re required when reinstating)		DATE			
12. OFFICERS AND I		13.			ADDITIONS/CI	HANGES TO OFFIC	ERS AND			
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STREET ADDRESS .		53579			,)	
14. I do hereby certify that the information supplied y	vith this filing does not gue!	54 CIT			L stated in Section 119 07/3	(ii). Florida Statutes	. I further	cecify that	the	
14. I do hereby certify that the information supplied with this filling 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 recort 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 appears.										