

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  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90254 043 \*\*\*150.00

DOCUMENT # P98000104777

1. Corporation Name  
EXOTROPICALS FLOWERS, INC.

Principal Place of Business  
8211 N.W. 64 STREET BAY #1  
MIAMI FL 33166

Mailing Address  
8211 N.W. 64 STREET BAY #1  
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1998

4. FEI Number  
65-0881832

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

2a. Mailing Address

21 7286 NW 66ST Miami 33166

26 7286NW 66ST Miami 33166

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

MIAMI

City & State

MIAMI FLORIDA

Zip

33166

Country

EEUU

Zip

33166

Country

EEUU

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODRIGUEZ, NESTOR SAMUEL  
520 GREEN RIVER LANE  
DAVE FL 33325

81 Name  
MA. NELLY VALENCIA

82 Street Address (P.O. Box Number is Not Acceptable)  
7286 NW 66ST Miami 33166

83

84 City  
MIAMI

FL

85 Zip Code  
33166

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 *Nelly Valencia*

IV 19/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME RODRIGUEZ, NESTOR SAMUEL  
STREET ADDRESS 520 GREEN RIVER LANE  
CITY-ST-ZIP DAVE FL 33325

1.1 TITLE D/P/S ☐ Change ☒ Addition  
1.2 NAME MA NELLY VALENCIA  
1.3 STREET ADDRESS 7286 NW 66ST  
1.4 CITY-ST-ZIP Miami 33166

TITLE D ☒ DELETE  
NAME MOLINA, MIGUEL ANGEL  
STREET ADDRESS CARRERA 32 9 C 70  
CITY-ST-ZIP CALI, COLOMBIA

2.1 TITLE D/VP/T ☐ Change ☒ Addition  
2.2 NAME RODRIGO BETANCOURT  
2.3 STREET ADDRESS 7286 NW 66ST  
2.4 CITY-ST-ZIP Miami, 33166

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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: *Nelly Valencia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IV 19/99

Date

305-470-9488

Daytime Phone #

CR2E034 (11/98)