

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90013 014 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000106455 ✓
 I. Corporation Name
 ART FLOWERS CORP.



Principal Place of Business: 22 N.W. 72ND AVENUE AMI FL 33172
 Mailing Address: 2722 N.W. 72ND AVENUE MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
2722 N.W. 72 Avenue		26 2722 N.W. 72 Avenue		12/23/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0885485	
City & State		City & State		5. Certificate of Status Desired	
Miami FL		Miami FL		Not Applicable	
Zip		Zip		6. Election Campaign Financing	
33122		33122		Trust Fund Contribution	
Country		Country		7. This corporation owes the current year	
U.S.		U.S.		Intangible Personal Property.	
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
				8. Additional Fee Required	
				\$8.75	
				\$5.00	

9. Name and Address of Current Registered Agent
 CURRAS, MYRNA W
 2722 N.W. 72ND AVENUE
 MIAMI FL ~~33172~~ 33122

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code

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.

GNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DE	D CURRAS, MYRNA W 6351 SW 114TH AVENUE MIAMI FL 33173	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
DE		1.2 NAME	
DE		1.3 STREET ADDRESS	
DE		1.4 CITY-ST-ZIP	
DE		2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
DE		2.2 NAME	
DE		2.3 STREET ADDRESS	
DE		2.4 CITY-ST-ZIP	
DE		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
DE		3.2 NAME	
DE		3.3 STREET ADDRESS	
DE		3.4 CITY-ST-ZIP	
DE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
DE		4.2 NAME	
DE		4.3 STREET ADDRESS	
DE		4.4 CITY-ST-ZIP	
DE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
DE		5.2 NAME	
DE		5.3 STREET ADDRESS	
DE		5.4 CITY-ST-ZIP	
DE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
DE		6.2 NAME	
DE		6.3 STREET ADDRESS	
DE		6.4 CITY-ST-ZIP	

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.

GNATURE: Katherine Harris SIGNATURE REQUIRED Myrna Curras 7/6/99 (305) 592-5066
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)