FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

C27201

(8)

DOCUM 1. Corporation N	IENT # \$3720 FLOWERS CORP.	01 (8)				E TOGRICO DE MONTO DE LA MENTO PERSONALIO.			MAN 2014 141
Principal Place of Business 1336 A SO. MILITARY TRAIL WEST PALM BEACH FL 33415		Mailing Address 1336 A SO. MILITARY TRAIL WEST PALM BEACH FL 33415							
WEST PALM B	REACH FL 33415	Wedt Men Design				3. Date Incorporated or Qualified		of Last R	
						03/07/1991 4. FEI Number	<u> </u>		Applied For
2. Principal Plac	ce of Business	2a. Maling Address	# · =n			65-0244614			Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	, h			Certificate of Status Desired	\$8.75 Additional Fee Required		
22 City & State		City & State				6. Election Campaign Financing	\$5.00 May Be Added to Fees		
23		28				Trust Fund Contribution	intancible t		
Zφ	Country L E-17			ountry		8. This corporation has liability for intangible tax under s 199 032 Florida Statutes			
24	29	[30]			10. Name and Address of New Registered Agent				
	9. Name and Address of Cu	rrent Registered Agent		81	Name				
TAMAYO, GABRIEL A. 1336 A. SO. MILITARY TRAIL WEST PALM BEACH FL 33415 11. Pursuant to the provisions of Sections 607.05/02 and 607.1506, Florida Statutes, the state of Florida Such change was authorized by				83 84		position submits this statement for the O	FL urpose of ch	- I	Zip Code s registered office
11. Pursuant to or register familiar with SIGNATURE	th, and accept the obligations of,	05:02 and 607.1508. Florida Statu- Florida, Such change was author Section 607.0505, Florida Statute	es Lac			was not see nearest at the	2/3	1/9	٠
12.	OFFICERS	S AND DIRECTORS	1		T	ADDITIONS CHANGES TO OF	FICERS AIN	Change	
TITLE	DP	DELETE		1 1/115					
NAME	TAMAYO, GABRIEL A.	TAMAYO, GABRIEL A.		1.2 NAME 1.3 STREET ADDRESS					Ì
STHEET ADDRESS	1336 A. SO. MILITARY T	RL.							
CITY-ST-ZIP	WEST PALM BEACH FL	- Consta	TI DELETE 2			Change			e 🔲 Addition
TITLE		☐ DELETE						•	
NAME				2 NAME					
STREET ADDRESS					LADDRESS				
CITY - ST - ZIP		DELETE		4 CITY-				Chang	ge 🔲 Addition
TITLE	Decent		1	3.2 NAME					
NAME	ľ				EL ADDRESS				
STREET ADDRESS			L						
CITY - ST - ZIP	DELETE			3 4 C(TY - ST - 20° 4 1 TrTLE				Chan-	ge 🔲 Addition
TITLE		□ of cere	a di la	4 2 NAMI	1				
NAME					ET ADDRESS				
STREET ADDRESS	; }				- ST - ZIP				
CITY-ST-ZIP		DELETE		4 4 GFY 5 1 HIL				Chan	ige 🔲 Addition
TITLE		☐ bereit		5 2 NAM	1				
NAME	1		- 1	U Z NOVVI	-				

14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 certify that I am an officer or director of the corporation or the receiver or trustee en powered 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 C(TY - \$1 - Z(P)

6.13:JUE

6.2 NAME

DELETE

TYPED OR PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR

7/3/194 (561) 9670044

☐ Change ☐ Addition