FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 27 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S69450** **(2)**

1. Corporation Name
GREAT AMERICAN BOUQUET, INC.

Principal Place of Business	Mailing Address
C/O SOUTHERN RAINBOW CORP. 1767 NORTHWEST 79TH AVENUE MIAMI FL 33126	C/O SOUTHERN RAINBOW CORP. 1767 NORTHWEST 79TH AVENUE MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1991
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business	2a. Mailing Address
21 1800 NW 89 Place	26 1800 NW 89 Place
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami FL	28 City & State: Miami FL
24 Zip: 33172 25 Country: USA	29 Zip: 33172 30 Country: USA

4. FEI Number: 65-0278223 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HUDSON, ROBERT F. JR.
701 BRICKELL AVENUE
SUITE 1600, BARNETT TOWER
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: RUBIN, MICHAEL A.
82 Street Address (P.O. Box Number is Not Acceptable): 480 S. DIXIE HWY
83 STE 4B
84 City: CORAL GABLES FL 85 Zip Code: 33146

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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: X -MICHAEL A. RUBIN 3/13/95
(Signature, Typed or Printed Name of registered agent and the, if applicable) (NOTE: Registered Agent signature required where applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	CAICEDO, HERNANDO	12 NAME	Caicedo, Hernando
STREET ADDRESS	1767 N.W. 79TH AVENUE	13 STREET ADDRESS	1800 NW 89 Place
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami FL 33172
TITLE	P	21 TITLE	P ☐ Change ☒ Addition
NAME	STALLINGS, DANIEL	22 NAME	Stallings, Daniel
STREET ADDRESS	1767 N.W. 79th Ave	23 STREET ADDRESS	1800 NW 89 Place
CITY-ST-ZIP	Miami, FL 33126	24 CITY-ST-ZIP	Miami FL 33172
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daniel R Stallings 3/20/95 305-592-5371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0124443 CP