## 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

## DOCUMENT # S74759

**OMNI FLOWERS CORPORATION** 

Driveriani Diag	e of Business	Mailing Address				1 (44) (41)	OBIL OLDIS SHAME MISLO IOLI OLO	., *, .,		
		· ·	.r							
2104 NW 99TH		2104 NW 99TH AV MIAMI FL 33172	/E							
MIAMI FL 33172							DO NOT WRITE IN THIS SPACE			
100						3. Date Incorporate	3. Date Incorporated or Qualifed			
						08/21/1991	•			
2 Principal P	Place of Business	2a. Mailing Addr	ess			4. FEI Number		1 7	Applied For	
21		26				65-0289141			Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			etc.	-				\$8.75	Additional	
22 27			~				itus Desiredae—III	Fee	Required	
City & State City & State						6. Election Campa	ign Financing	\$5.0	O May Be	
23		28			•	Trust Fund Cont	- 1	•	d to Fees	
Zip	Country	Zip	Co	ountry		a. This corporation	owes the current year	Intangible	1	
24			30	30		Personal Proper		Yes	⊠No	
	9. Name and Address of Curr			Т		10. Name and Add	ress of New Register	d Agent		
		<u> </u>		81	Name					
<b>ቕ</b> PINE	eros, Juan Ignacio					// / / / / / / / / / / / / / / / / / /	is black Associable)			
3727 ALCANTARA AVENUE				82	2 Street Address (P.O. Box Number is Not Acceptable) 5597 NW (0) C7.					
	MI FL 33178			83	,	<del>5 7 / / / 90   / ·</del>	VY CI			
				1						
				84	City	n/Am'		L 85 Zi	9/78	
				_						
11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Sta	i502 and 607.1508, Florid	oa Statutes, the oe was authoriz	ed by	named the corpo	ration's board of directors.	I hereby accept the ap	pointment as	registered	
agent. I a	am familiar with, and accept the obli	igations of, Section 607.0	505, Florida St	atutes.					J	
SIGNATURE							4123199			
SIGNATURE	Signature, typed or printed name of registered a	ment and title if applicable.	(NOTE: Register	red Agen	t eksneture re	quired when reinstating)	DATE	****		
12.		.g			t adulation to	quita mini ranionality				
TITLE		AND DIRECTORS	1:		t signature re-	ADDITIONS/CHA	NGES TO OFFICERS			
	OFFICERS A	AND DIRECTORS	1;		t agriature to	ADDITIONS/CHA	NGES TO OFFICERS	AND DIRECT		
NAME		AND DIRECTORS	1: ELETE 1,1	3.	t agricula to	ADDITIONS/CHA President Juan Tanaci	u. Pineros			
	PS PINEROS, JUAN IGNACIO	AND DIRECTORS	13 ELETE 1.1 1.2	TITLE	ADDRESS	ADDITIONS/CHA President Juan Tanacu 55.99 N.W 10	D. Pineros 05 Ct			
STREET ADDRESS	PS PINEROS, JUAN IGNACIO	AND DIRECTORS	1: ELETE 1.1 1.2 1.3	TITLE	ADDRESS	ADDITIONS/CHA President Juan Tanacu 55-99 N.W 10	u. Pineros		e	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	PS PINEROS, JUAN IGNACIO 5599 N W 105 CT MIAMI FL	AND DIRECTORS	11: ELETE 1.1 12: 13: 1.4 ELETE 2.1	TITLE NAME STREET CITY-ST TITLE NAME	ADDRESS I-ZIP	ADDITIONS/CHA President Juan Tanacu 55.99 N.W 10	D. Pineros 05 Ct	Chang	e	
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6.1 TITLE

6.2 NAME

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 indicated on this annual report or supplimental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that ! and 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Change

**FILED** 

May 04, 1999 8:00 am Secretary of State

05-04-1999 90065 006 \*\*\*150.00