

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

AMENDED PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S74759

1. Corporation Name

OMNI FLOWERS CORPORATION
2104 N.W. 99 Avenue
Miami, FL 33172

Principal Place of Business

2104 N.W. 99 Avenue
Miami, FL 33172

Mailing Address

2104 N.W. 99 Avenue
Miami, FL 33172

FILED

29 JUL 29 AM 11:28

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
8/21/91

4. FEI Number

65-0289141

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

Juan Ignacio Pineros
5599 N.W. 105 Court
Miami, FL 33178

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL B5 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PINEROS, Juan Ignacio	
STREET ADDRESS	5599 N.W. 105 Court	
CITY-ST-ZIP	Miami, FL 33178	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	100002955471-3	
1.3 STREET ADDRESS	-08/10/93--01029--013	
1.4 CITY-ST-ZIP	*****61.25 *****61.25	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Oliver Lara	
2.3 STREET ADDRESS	2104 N.W. 99 Avenue	
2.4 CITY-ST-ZIP	Miami, FL 33172	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Nestor Gonzalez	
3.3 STREET ADDRESS	2104 N.W. 99 Avenue	
3.4 CITY-ST-ZIP	Miami, FL 33172	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jorge Ortiz	
4.3 STREET ADDRESS	2104 N.W. 99 Avenue	
4.4 CITY-ST-ZIP	Miami, FL 33172	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Felipe Bahamon	
5.3 STREET ADDRESS	2104 N.W. 99 Avenue	
5.4 CITY-ST-ZIP	Miami, FL 33172	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Ignacio Martinez	
6.3 STREET ADDRESS	2104 N.W. 99 Avenue	
6.4 CITY-ST-ZIP	Miami, FL 33172	

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. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)