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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V21203

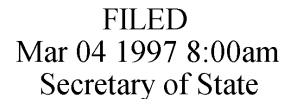
(7)

**ULTRAFLORA CORPORATION** 

Principal Plane of Business

Mailing Address

1950 N.W. 89TH PLACE MIAMI FL 33172 1950 N.W. 89TH PLACE MIAMI FL 33172-2625





						3. Date Incorporated or Qualified 03/16/1992	3a. Date of 03/05/		eport	
2. Principal Place of Business		2a. Mailing A	2a. Mailing Address			4. FEI Number			Applied For	
21		26				65-0320535		No	t Applicable	
Suite, Apt. #. etc.		Suite Ap	Suite Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Sta	ate	City & Sta	ate			6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added t		
Ζιρ	Country	Zφ		Countr	у	8. This corporation has liability for in	ntangible tax	under s	199.032,	
24	25	29		30			Yes 🔲 M			
	9. Name and Address of Curr		ent		·γ	10. Name and Address of New Reg	istered Age	nt		
IN	trastate registered agen'	T CORPORATION		81	Name					
701 BRICKELL AVENUE					82 Street Address (P.O. Box Number is Not Acceptable)				***************************************	
SUITE 3000				OZ SIRBELF		reas (F.O. Dox Number is Not Accepted	16)			
	AMI FL 33131			83	3	The state of the s			***************************************	
				84	City		<b></b> ,  8	5 Zip (	Code	
						poration submits this statement for the p tion's board of directors. I hereby accep	FL '			
SIGNATURE	Stand we type the problem name of regiment	agent and the diapplicable				ired when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE			
12.	I D	AND DIRECTORS	DOLETE		<del></del>	ADDITIONS/CHANGES TO OFFICE		Change	Addition	
1011	MORENO, GUSTAVO	L	] DELETE	1.1 TITLE				Crange	LJ Addition	
NAME	ACCOUNT COTTLE DI ACC			1.2 NAME						
STREET ADDRESS	<b>!</b>			1.3 STREE	T ADDRESS					
CITY - ST - ZIP	MIAMI FL		7 55. 5ts	1.4 CITY-	ST-ZIP			l Av	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE	COLUMNA DET PARIL	L,	] DELETE	2.1 TITLE			L	Change	L Addition	
NAME	SCHWARTZ, PAUL			2.2 NAME	j					
STREET ADDRESS				2.3 STREE	T ADDRESS					
CITY-SI-Zin	MIAMI FL			2. 4 CITY	-ST - ZIP					
TIFLE		L	] DELETE	3.1 TITLE			L	Change	Addition	
NAME				3.2 NAME						
STREET ADDRESS	; [				T ADDRESS					
CHY-SI-7P		<del>-</del>	Taxires	34 CITY						
1 114		L.	DELETE	4.1 TITLE			L	Change	Addition	
NAME				4 2 NAM	1					
STREET ADDRESS	3		•	4.3 STREE	T ADDRESS					
CHY-SI-ZIF			7 53.55-	44 CITY-				r <del></del> -		
TITLE		L	DELETE	5 1 TITLE	1		L.	Change	Addition	
NAMI				52 NAME						
STREE ADDRESS	5			53 STREE	T ADDRESS					
City - ST - ZIP				5.4 CITY-	ST-ZIP					
THELE			DELETE	6.1 TITLE	ſ			Change	Addition	
nare										
NAME				6.2 NAME						
•	3				T ADDRESS					

1. To hereby certify that the information supplied with this fling does not quality for the exemption stated in Section 119.07(3)(i), horida statutes. Flurtier 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 oriector 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.

SIGNATURE

Taul Jehren

IS OFFICER OR DIRECTOR

2/12/97 305-593-2677