

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Montem

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **V42597**

(7)

1. Corporation Name

GLORIA FLOWERS CORP.

Principal Place of Business

**2128 S.W. 67TH AVE.
MIAMI FL 33155**

Mailng Address

**2128 S.W. 67TH AVE.
MIAMI FL 33155**



2. Principal Place of Existence

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**FERNANDEZ, JOSE MANUEL
7387 S.W. 22ND STREET
MIAMI FL 33155**

3. Date Incorporated or Qualified

06/10/1992

3a. Date of Last Report

03/15/1995

4. FET Number

65-0338034

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address, P.O. Box Number is Not Acceptable

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.07(1) of the Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the registered agent for both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am
thereby accepting the obligations of Section 607.06(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of New Registered Agent

Date

12

OFFICERS AND DIRECTORS

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**PD
FERNANDEZ, JOSE MANUEL
7387 S.W. 22ND STREET
MIAMI FL
STD**

☐ DELETED

1. TITLE

1. NAME

1.4 STREET ADDRESS

1.4 CITY, STATE

2. TITLE

2. NAME

2.4 STREET ADDRESS

2.4 CITY, STATE

3. TITLE

3. NAME

3.4 STREET ADDRESS

3.4 CITY, STATE

4. TITLE

4. NAME

4.4 STREET ADDRESS

4.4 CITY, STATE

5. TITLE

5. NAME

5.4 STREET ADDRESS

5.4 CITY, STATE

6. TITLE

6. NAME

6.4 STREET ADDRESS

6.4 CITY, STATE

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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)(a), Florida Statutes. I further certify that the information indicated on this annual report is supplemental and report is true and accurate and that my signature shall have the same legal effect as if made under oath by the officer or director for whom the report is being filed. I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as a change or as a new officer or director.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 14-96 (305) 266. 9998

CR2E034 (12/95)