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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V48393 (5)
1. Corporation Name
BALLOONS DEC & FLOWERS INC.



Principal Place of Business

13701 SW 66 ST
APT B-305
MIAMI FL 33183

Mailing Address

6977 SW 24 ST
MIAMI FL 33155-1705
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 25 Country

2a. Mailing Address

26 4158 S.W. 74 CT

27 Suite, Apt. #, etc.
28 MIAMI FL

29 Zip 30 Country 33155

3. Date Incorporated or Qualified
07/02/1992

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0345216

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

MEDINA, ROBERTO
13701 SW 66 ST
APT B-305
MIAMI FL 33183

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 607.0502 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	D	DELETE
NAME	MEDINA, ROBERTO	
STREET ADDRESS	6977 SW 24 ST.	
CITY - ST - ZIP	MIAMI FL 33155	
TITLE	C	DELETE
NAME	BEINO, FERNANDO	
STREET ADDRESS	6977 SW 24 ST.	
CITY - ST - ZIP	MIAMI FL 33155	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4158 S.W. 74 CT.
1.4 CITY - ST - ZIP	MIAMI FL 33155
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4158 S.W. 74 CT
2.4 CITY - ST - ZIP	MIAMI FL 33155
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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; 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 in Block 12 or Block 13, if changed, or on an attachment with an address.

CR2E034 (9/96)