

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

APPROVED
AND
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JULY - 1 11 21 1998

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Cansela B. Marston Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V55027 (9)

1. Corporation Name:
BOB'S FLOWERS WAGON CORP.

Principal Place of Business:	Mainly Address:
400 S.W. 78TH PLACE MIAMI FL 33144	400 S.W. 78TH PLACE MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:	2a. Mainly Address:
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State:	27. City & State:
23. Telephone:	28. Telephone:
24. Fax:	29. Fax:

3. Date Incorporated or Qualified: 08/04/1992	3a. Date of Last Report: 03/17/1994
4. FEI Number: 65-0350787	Applied For: <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for changes in officer or director as under S. 192.037, Florida Statute: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORONA, SONIA R.
400 S.W. 78TH PLACE
MIAMI FL 33144**

10. Name and Address of New Registered Agent

81. Name:	85. Zip Code:
82. Street Address (P.O. Box Number is Not Acceptable):	FL
83. City & State:	
84. Title:	

11. Pursuant to the provisions of Sections 192.037 and 192.150B, Florida Statutes, the above named corporation hereby 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 hereby withdrawing the resignation of Section 192.150B, Florida Statutes.

SIGNATURES: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORONA, SONIA	2. NAME	
STREET ADDRESS	400 S.W. 78TH PLACE	3. STREET ADDRESS	
CITY & STATE	MIAMI FL	4. CITY & STATE	
TITLE	VD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORONA, DOEL R	6. NAME	
STREET ADDRESS	400 SW 78TH PLACE	7. STREET ADDRESS	
CITY & STATE	MIAMI FL	8. CITY & STATE	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY & STATE		12. CITY & STATE	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY & STATE		16. CITY & STATE	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY & STATE		20. CITY & STATE	

14. I hereby certify that the information supplied with this filing is accurately prepared and does not comply for the restrictions stated in Sections 192.037(b)(1), 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 192, Florida Statutes, and that my name appears in Block 12 or Block 13 if change or an addition was made.

SIGNATURE: *Sonia Corona*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SONIA CORONA

4/20/98