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FILED
May 16 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 # V67439 (2)

1. Corporation Name
BLUE FLOWERS, INC.

Principal Place of Business
% TUMPSON & CHARCHAT, P.A.
848 BRICKELL AVE. SUITE 400
MIAMI FL 33131

Mailing Address
% TUMPSON & CHARCHAT, P.A.
848 BRICKELL AVE. SUITE 400
MIAMI FL 33131-2915



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified
09/30/1992

3a. Date of Last Report
05/31/1996

4. FEI Number
65-0370253

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHARCHAT, STEVEN M
848 BRICKELL AVE
SUITE 400
MIAMI FL 33131

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ DELETE
NAME ALVAREZ, ANGELA
STREET ADDRESS 848 BRICKELL AVENUE, SUITE 400
CITY-ST-ZIP MIAMI FL 33131

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

11 TITLE ☐ DELETE
NAME ALVAREZ, ANA AMELIA
STREET ADDRESS 848 BRICKELL AVENUE, SUITE 400
CITY-ST-ZIP MIAMI FL 33131

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

11 TITLE ☐ DELETE
NAME ALVAREZ, MARIA ELENA
STREET ADDRESS 848 BRICKELL AVENUE, SUITE 400
CITY-ST-ZIP MIAMI FL 33131

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

11 TITLE ☐ DELETE
NAME ALVAREZ, MARIA ISABEL
STREET ADDRESS 848 BRICKELL AVENUE, SUITE 400
CITY-ST-ZIP MIAMI FL 33131

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

11 TITLE ☐ DELETE
NAME ALVAREZ, ARMANDO
STREET ADDRESS 848 BRICKELL AVENUE, SUITE 400
CITY-ST-ZIP MIAMI FL 33131

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

11 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 unchanged, or on an amendment with an address.

SIGNATURE:

Angela Alvarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/abril/97
Date Daytime Phone #

CR2E034 (9/96)