

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701259

Entity Name: METROPOLITAN MIAMI FLOWER SHOW, INC.**Current Principal Place of Business:**55 S.W. 17 ROAD
MIAMI, FL 33129**Current Mailing Address:**11905 S.W. 84 AVENUE
MIAMI, FL 33156 US**FEI Number: 59-6057247****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**JUDE, SALLYE
200 EDGEWATER DRIVE
CORAL GABLES, FL 33133 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	HYDRO, MAYFAIR
Address	17701 SW 77 AVE
City-State-Zip:	MIAMI FL 33157-6320

Title	SD
Name	LAPE, BARBARA
Address	15271 SW 150 STREET
City-State-Zip:	MIAMI FL 33196-2855

Title	TD
Name	HEDIN, GRACE
Address	11905 S.W. 84TH AVENUE
City-State-Zip:	MIAMI FL 33156

Title	VP1D
Name	ROCHE, BETTYE
Address	9740 SW 100 AVE
City-State-Zip:	MIAMI FL 33176-2836

Title	VP2D
Name	MOSS, BETTY
Address	7800 SW 98 STREET
City-State-Zip:	MIAMI FL 33156-2637

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GRACE S. HEDIN**TREASURER****02/19/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date