

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **830335** (6)

1. Corporation Name
FOUR FARMERS, INC.



Principal Place of Business: **1820 N.W. 82ND AVE. MIAMI FL 33126 US**
Mailing Address: **1820 NW 82ND AVENUE MIAMI FL 33126**

3. Date Incorporated or Qualified: **06/22/1973**
3a. Date of Last Report: **05/01/1995**
4. FLI Number: **95-2808513**
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

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**WODNICKI, RICHARD
1820 N.W. 82ND AVE.
MIAMI FL 33126**

10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: **FL 85**

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 of Registered Agent (Type or Print Name of Registered Agent)

Signature of Registered Agent (Type or Print Name of Registered Agent)

DATE

OFFICERS AND DIRECTORS

12. TITLE	CT	<input type="checkbox"/> DELETE
NAME	SALAZAR, JORGE	
STREET ADDRESS	1820 N.W. 82ND AVE.	
CITY, ST, ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRADILLA, GUSTAVO	
STREET ADDRESS	1820 N.W. 82ND AVE.	
CITY, ST, ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DE LA TORRE, LORENZO	
STREET ADDRESS	1820 N.W. 82ND AVE.	
CITY, ST, ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DE LA TORRE, JOSE MARIA	
STREET ADDRESS	1820 N.W. 82ND AVE.	
CITY, ST, ZIP	MIAMI FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SALAZAR, JUAN CARLOS	
STREET ADDRESS	1820 N.W. 82ND AVE	
CITY, ST, ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DE LA TORRE, JOAQUIN	
STREET ADDRESS	1820 N.W. 82ND AVE	
CITY, ST, ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Lorenzo de la Torre*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96 (305) 593-1690

CR2E034 (12/95)