

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jan 29 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 # 830335 (6)
 1. Corporation Name
FOUR FARMERS, INC.



Principal Place of Business Mailing Address
1820 N.W. 82ND AVE. **1820 NW 82ND AVENUE**
MIAMI FL 33126 **MIAMI FL 33126-1014**
US

3. Date Incorporated or Qualified **06/22/1973** 3a. Date of Last Report **02/07/1996**
 4. FEI Number **95-2808513** 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

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

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 **DIAZ-SARMIENTO, GABRIEL**
 82 Street Address (P.O. Box Number is Not Acceptable) **1820 NW 82ND AV.**
 83 **MI**
 84 City **MIAMI, FL** 85 Zip Code **FL 33126**

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 **GABRIEL S. DIAZ-SARMIENTO** DATE **1/22/97**
(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

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

DATE: **1/22/97**

CFR2E034 (9/96)