

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY - 1 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F64881** (8)

1. Corporation Name  
**SANTA CRUZ RANCH, INC.**

Principal Place of Business <b>11752 NW HWY 464B OCALA FL 34482 US</b>	Mailing Address <b>11752 NW HWY 464B OCALA FL 34482 US</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>01/26/1982</b>	3a. Date of Last Report <b>05/01/1994</b>
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2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip Country
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4. FEI Number <b>59-2679286</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FREEMAN, ROBERT A., P.A.  
2601 SO. BAYSHORE DR.  
STE. 1425  
MIAMI FL 33133**

10. Name and Address of New Registered Agent

81 Name <b>Juan Pedro Rizo-Patron</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>11752 N.W. Highway 464B</b>
83
84 City <b>Ocala</b>
85 Zip Code <b>FL 34482</b>

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE <b>PD</b>	NAME <b>RIZO-PATRON, JAIME</b>
STREET ADDRESS <b>11752 NW HWY. 484</b>	CITY - ST - ZIP <b>OCALA FL</b>
TITLE <b>VP</b>	NAME <b>RIZO-PATRON, JUAN PEDRO</b>
STREET ADDRESS <b>11752 NW HWY. 484</b>	CITY - ST - ZIP <b>OCALA FL</b>
TITLE <b>S</b>	NAME <b>FREEMAN, ROBERT A.</b>
STREET ADDRESS <b>2601 S BAYSHORE DR #1425</b>	CITY - ST - ZIP <b>MIAMI FL</b>
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME	1.3 STREET ADDRESS <b>11752 N.W. Highway 464B</b>	1.4 CITY - ST - ZIP
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME	2.3 STREET ADDRESS <b>11752 N.W. Highway 464B</b>	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 110.07(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: **Juan Pedro Rizo-Patron** 4/26/95 904-622-8854