

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90271 003 \*\*\*150.00

0222652

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **G32629**

1. Corporation Name  
**SCARLET FARMS INTERNATIONAL, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 2150 NW 70 AVE  
 POB 522451  
 MIAMI FL 33122  
 US

Mailing Address  
 PO BOX 522451  
 POB 522451  
 MIAMI FL 33152  
 US

3. Date Incorporated or Qualified  
**04/12/1983**

4. FEI Number  
**59-2275197**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 City & State  
 Zip Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 City & State  
 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BALLINA, BERNARDO**  
 85 GRAND CANAL DRIVE  
 SUITE 107  
 MIAMI FL 33144

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

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | DP                  | <input type="checkbox"/> DELETE            |
| NAME           | GUEITS, MAX         |  |
| STREET ADDRESS | 1300 S.W. 76 COURT  |  |
| CITY-ST-ZIP    | MIAMI FL            |  |
| TITLE          | VD                  | <input type="checkbox"/> DELETE            |
| NAME           | MARIN, MARCO        |  |
| STREET ADDRESS | 7750 S.W. 32ND TERR |  |
| CITY-ST-ZIP    | MIAMI, FLORIDA 0    |  |
| TITLE          | STD                 | <input type="checkbox"/> DELETE            |
| NAME           | GUEITS, JAIME F.    |  |
| STREET ADDRESS | 755 W. 60 STREET    |  |
| CITY-ST-ZIP    | HIALEAH, FLORIDA 0  |  |
| TITLE          | D                   | <input type="checkbox"/> DELETE            |
| NAME           | MARIN, ANA          |  |
| STREET ADDRESS | 7750 S.W. 72ND TERR |  |
| CITY-ST-ZIP    | MIAMI FL            |  |
| TITLE          | D                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | GUEITS, MARIA       |  |
| STREET ADDRESS | 1300 S.W. 76 COURT  |  |
| CITY-ST-ZIP    | MIAMI FL            |  |
| TITLE          |                     | <input type="checkbox"/> DELETE            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

|                    |   |
|--------------------|---|
| 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 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, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

1912333

Date

Daytime Phone #

CR2E034 (1/1/98)