

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000073040 (5)

1. Corporation Name
MAGNA FARMS, INC.



Principal Place of Business: **2005 N.W. 70TH AVE. SUITE 104 MIAMI FL 33126**
Mailing Address: **2005 N.W. 70TH AVE. SUITE 104 MIAMI FL 33126**

3. Date Incorporated or Qualified: **10/05/1994**
3a. Date of Last Report: **10/24/1995**
4. FEI Number: **65-0526457**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$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**
2a. Mailing Address: **26 P.O. BOX 520095**
Suite, Apt. #, etc.: **27**
City & State: **28 MIAMI, FLORIDA**
Zip: **24** **33152-0095** Country: **25** **29**

9. Name and Address of Current Registered Agent

**FIRST UNION FINANCIAL CENTER
200 S. BISCAYNE BLVD.
STE. 2100
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent Signature required when incorporating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LARA, HERNAN	
STREET ADDRESS	CALLE 8A-12	
CITY- ST- ZIP	BOGOTA, COLUMBIA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CALDERON, GUILLERMO	
STREET ADDRESS	KRA 12A 83-75 OFICINA 301	
CITY- ST- ZIP	BOGOTA, COLUMBIA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RAMIREZ, FELIPE	
STREET ADDRESS	TRANSVERSAL 17 #100-20 OFICINA 701	
CITY- ST- ZIP	BOGOTA, COLUMBIA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DE NARVAEZ, RODRIGO	
STREET ADDRESS	3859 ALCANTARA AVE.	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	RAMIREZ, FELIPE	
13 STREET ADDRESS	TRANSV 17 #100-20 OFICINA 701	
14 CITY- ST- ZIP	BOGOTA, COLOMBIA	
2. TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	JARAMILLO, MAURICIO	
23 STREET ADDRESS	KRA 32 #125-42 OFICINA 403	
24 CITY- ST- ZIP	BOGOTA, COLOMBIA	
3. TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	CALDERON, GUILLERMO	
33 STREET ADDRESS	KRA 12A 83-75 OFICINA 301	
34 CITY- ST- ZIP	BOGOTA, COLOMBIA	
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 attached sheet with an address.

SIGNATURE:

4-10/96

Date: _____ Day/Date/Printer # _____

CR2E034 (12/95)