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Jan 21 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 # **P94000089970 (5)**

1. Corporation Name
TRACTOR LADY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
10890 NW SOUTH RIVER DR. MIAMI FL 33178	10890 NW SOUTH RIVER DR. MIAMI FL 33178-1129

3. Date Incorporated or Qualified: 12/12/1994
3a. Date of Last Report: 06/24/1996

2. Principal Place of Business
21 7724 N.W. 64th Street
22 Suite, Apt. #, etc:
23 City & State: Miami, FL
24 Zip: 33166 25 Country: DADE

2a. Mailing Address
26 7724 N.W. 64th Street
27 Suite, Apt. # etc.
28 City & State: Miami, FL
29 Zip: 33166 30 Country: DADE.

4. FEI Number: 65-0046246 ☐ 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

9. Name and Address of Current Registered Agent

LEWIS, RICHARD C
799 BRICKELL PLAZA
SUITE 702
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	DP	☑ Change ☐ Addition
NAME	CAMPBELL, KAREN		1.2 NAME	Campbell, Karen	
STREET ADDRESS	10890 NW SOUTH RIVER DR.		1.3 STREET ADDRESS	7724 N.W. 64th ST.	
CITY-ST-ZIP	MIAMI FL 33178		1.4 CITY-ST-ZIP	Miami, FL 33166	
TITLE	D	☐ DELETE	2.1 TITLE	DV	☑ Change ☐ Addition
NAME	CAMPBELL, BRYAN		2.2 NAME	Campbell, Bryan	
STREET ADDRESS	10890 NW SOUTH RIVER DR.		2.3 STREET ADDRESS	7724 N.W. 64th ST.	
CITY-ST-ZIP	MIAMI FL 33178		2.4 CITY-ST-ZIP	Miami, FL 33166	
TITLE	D	☐ DELETE	3.1 TITLE	DS	☑ Change ☐ Addition
NAME	VARELA, ANGELICA		3.2 NAME	Varela, Angelica	
STREET ADDRESS	10890 NW SOUTH RIVER DR.		3.3 STREET ADDRESS	7724 N.W. 64th ST.	
CITY-ST-ZIP	MIAMI FL 33178		3.4 CITY-ST-ZIP	Miami, FL	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____ 1/14/97 (305) 594-2229.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #