

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

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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90112 002 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P95000023497

1. Corporation Name  
**HACIENDA CAREAGA PASO FINO FARMS, INC.**



Principal Place of Business Mailing Address  
 12305 SW 45TH ST 12305 SW 45TH ST  
 MIAMI FL 33175 MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/23/1995**

2. Principal Place of Business 2a. Mailing Address  
 21 **17900 SW 50 CT.** 26 **17900 SW 50 CT.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22  
 23 **City & State Ft. Lauderdale, Fl.** 28 **City & State Ft. Lauderdale, Fl.**  
 Zip Country Zip Country  
 24 **33331** 25 **Forward** 29 **33331** 30 **Forward**

4. FEI Number Applied For  
**65-0636619** 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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**CAREAGA, BERNARDO**  
**12305 SW 45TH ST**  
**MIAMI FL 33175**

10. Name and Address of New Registered Agent  
 81 Name **CAREAGA, BERNARDO**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **17900 SW 50th COURT**  
 84 City **FT LAUDERDALE** FL 85 Zip Code **33331**

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 *Martha L. Careaga* **MARTHA L. CAREAGA 1/15/99**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D CAREAGA, BERNARDO</b>
STREET ADDRESS	<b>12305 SW 45TH ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33175</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D CAREAGA, MARTHA</b>
STREET ADDRESS	<b>12305 SW 45TH ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33175</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>D BERNARDO CAREAGA (MAILING ONLY)</b>
1.3 STREET ADDRESS	<b>17900 SW 50 CT.</b>
1.4 CITY-ST-ZIP	<b>FT LAUDERDALE, FL 33331</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>D MARTHA L. CAREAGA - MAILING ADDR. ONLY)</b>
2.3 STREET ADDRESS	<b>17900 SW 50 CT.</b>
2.4 CITY-ST-ZIP	<b>FT LAUDERDALE, FL 33331</b>
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: *Martha L. Careaga* **1/15/99 666-6636**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)