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

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90097 043 ***150.00

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DOCUMENT # P98000046979

1. Corporation Name
GRANDMOM'S FARM, INC.

Principal Place of Business	Mailing Address
17021 NORTH BAY ROAD #403 SUNNY ISLES FL 33160	17021 NORTH BAY ROAD #403 SUNNY ISLES FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/26/1998

2. Principal Place of Business	2a. Mailing Address
21 20505 E. Country Club Dr.	26 20505 E. Country Club Dr
Suite, Apt. #, etc. 22 2132	Suite, Apt. #, etc. 27 2132
City & State 23 Aventura FL	City & State 28 Aventura FL
Zip / Country 24 FL 33180 25 USA	Zip / Country 29 33180 30 U.S.A.

4. FEI Number: 650846113 ☐ Applied For ☐ Not Applicable

5. Certifcate 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	10. Name and Address of New Registered Agent
WEINTRAUB, PETER B 1701 WEST HILLSBORO BOULEVARD SUITE 301 DEERFIELD BEACH FL 33442	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 X _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALENCIA, RAUL O 17021 NORTH BAY ROAD #403 SUNNY ISLES FL 33160	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 20505 E. Country Club Dr. Suite 2132 Aventura, FL 33180	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLORES, LUIS O 17021 NORTH BAY ROAD #403 SUNNY ISLES FL 33160	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 20505 E. Country Club Dr. Suite 2132 Aventura, FL 33180	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLORES, JORGE O 17021 NORTH BAY ROAD #403 SUNNY ISLES FL 33160	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 20505 E. Country Club Dr. Suite 2132 Aventura, FL 33180	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALENCIA, RAUL O 17021 NORTH BAY ROAD #403 SUNNY ISLES FL 33160	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Flores, Raul O 20505 E. Country Club Dr. Suite 2132 Aventura, FL 33180	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Vice-President of Operations Medrano, Rory W 20505 E. Country Club Dr. Suite 2132 Aventura, FL 33180	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	~~Assistant~~ Vice-President of Finance Medrano, Marion 16909 N Bay Rd. #716 N Miami Beach, FL 33160	☐ Change ☒ Addition

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: X Rory W Medrano Rory W. Medrano 30 April 99 305-692-7785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)