

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V29999 (2)
1. Corporation Name
CIRCLE DISC FARM, INC.

Principal Place of Business Mailing Address
PO BOX 527950 PO BOX 527950
MIAMI FL 33152 MIAMI FL 33152
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/15/1992		3a. Date of Last Report 04/12/1994	
4. FEI Number 65-0333291		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21				2a. Mailing Address 26				4. FEI Number 65-0333291				Applied For Not Applicable			
Suite, Apt. #, etc. 22				Suite, Apt. #, etc. 27				5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
City & State 23				City & State 28				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
Zip 24		Country 25		Zip 29		Country 30		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent
**MARTIN, MATEO SAN
3016 N.W. 79TH AVE.
MIAMI FL 33122**

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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	SAN MARTIN, MATEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4944 N.W. 102ND AVE #203	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE D	SAN MARTIN, ANTHONY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14001 HARPERS FERRY ST.	2.2 NAME	
STREET ADDRESS	DAVIE FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE D	LLANES, DR. CARLOS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11225 S.W. 58TH COURT	3.2 NAME	
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE D	LLANES, MARTHA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11225 SW 58 CT	4.2 NAME	
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I am hereby certifying that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), 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, or on an attachment with an address.

SIGNATURE:  DATE: **2/24/95 (305) 591-7684**