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FILED
Jan 23 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 # **V29999** (2)
1. Corporation Name
CIRCLE DISC FARM, INC.



Principal Place of Business
**PO BOX 527950
MIAMI FL 33152
US**

Mailing Address
**PO BOX 527950
MIAMI FL 33152-7950
US**

3. Date Incorporated or Qualified
04/15/1992

3a. Date of Last Report
02/20/1996

4. FEI Number
65-0333291

Applied For
 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

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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 607.01-02 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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D SAN MARTIN, MATEO**

STREET ADDRESS **~~1944 N.W. 102ND AVE~~ 10248 NW 12 TERR**

CITY - ST - ZIP **MIAMI FL 33176**

TITLE DELETE

NAME **D SAN MARTIN, ANTHONY**

STREET ADDRESS **14001 HARPERS FERRY ST.**

CITY - ST - ZIP **DAVIE FL**

TITLE DELETE

NAME **D LLANES, DR. CARLOS**

STREET ADDRESS **11225 S.W. 58TH COURT**

CITY - ST - ZIP **MIAMI FL**

TITLE DELETE

NAME **D LLANES, MARTHA**

STREET ADDRESS **11225 SW 58 CT**

CITY - ST - ZIP **MIAMI FL**

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 alternate address.

SIGNATURE: _____ Date: **1/13/97** (305) 591-7684
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
0207645

CR2E034 (9/96)