

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

PROFIT CORPORATION ANNUAL REPORT



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

1996-2-B-96 B-1028 (2) C

DOCUMENT # **V67458**

ORGANICA USA, INC.



Principal Place of Business

8130 N.W. 56TH ST.  
MIAMI FL 33166

Mailing Address

8130 N.W. 56TH ST.  
MIAMI FL 33166

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip

25. Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip

30. Country

9. Name and Address of Current Registered Agent

BARANEK, MILAN T.  
8130 N.W. 56 ST.  
MIAMI FL 33166

3. Date Incorporated or Qualified  
**09/25/1992**

3a. Date of Last Report  
**02/14/1995**

4. FEI Number  
**65-0364612**

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

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 607.0102 and 607.1008, 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 607.0105, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

11. TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
12. NAME	<b>BARANEK, MILAN T.</b>	
13. STREET ADDRESS	<b>8130 N.W. 56 ST.</b>	
14. CITY, ST, ZIP	<b>MIAMI FL</b>	
15. TITLE	<b>DVS</b>	<input type="checkbox"/> DELETE
16. NAME	<b>BARANEK, EVA</b>	
17. STREET ADDRESS	<b>8130 N.W. 56 ST.</b>	
18. CITY, ST, ZIP	<b>MIAMI FL</b>	
19. TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
20. NAME	<b>SCOTT DENIGHT</b>	
21. STREET ADDRESS	<b>8130 N.W. 56 ST</b>	
22. CITY, ST, ZIP	<b>MIAMI FL</b>	
23. TITLE		<input type="checkbox"/> DELETE
24. NAME		
25. STREET ADDRESS		
26. CITY, ST, ZIP		
27. TITLE		<input type="checkbox"/> DELETE
28. NAME		
29. STREET ADDRESS		
30. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY, ST, ZIP		
15. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME		
17. STREET ADDRESS		
18. CITY, ST, ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
19. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME		
21. STREET ADDRESS		
22. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME		
25. STREET ADDRESS		
26. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME		
29. STREET ADDRESS		
30. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct. I am an officer or director of the corporation or its receiver or trustee or power appears in Block 12 or 13 or 14, or change of address.

SIGNATURE: *Milan Baranek*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MILAN BARANEK**

2/7/96 30-477-610P  
DATE OF FILING

CR2E034 (12/95)