## 1-24-41 B-09 12 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE |

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # G90482

(2)

PASO VIEJO CATTLE CO.

CORAL GABLES FL 33146

SIGNATURE:

2. Principal Piace of Business

21 6834 SUNRISE DRIVE

Principal Place of Business
721 SISTINA AVENUE

Mailing Address

721 SISTINA AVENUE CORAL GABLES FL 33146-2046

## FILED Jan 29 1997 8:00am Secretary of State



3a. Date of Last Report 05/14/1996

Applied For

Fee Required

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualified 02/02/1984

5. Certificate of Status Desired

4. FEI Number

59-2376500

ORONA, RAMON     721 SISTINA AVE     CORAL GABLES FL 33146  10, Name and Address of New Register  81 Name     Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpor 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 agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE	S No  Pred Agent  FL 85 Zip Code  Dee of changing its registered e appointment as registered
CORONA, RAMON 721 SISTINA AVE CORAL GABLES FL 33146  10. Name and Address of New Register  B1 Name  B2 Street Address (P.O. Box Number is Not Acceptable)  B3	FL 85 Zip Code Description of the property of
CORONA, RAMON 721 SISTINA AVE CORAL GABLES FL 33146  82 Street Address (P.O. Box Number is Not Acceptable) 83  84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpo 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 agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typical or protod name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DELETE 1.1 TITLE NAME STREET ADDRESS CITY- ST- ZIP  CORONA, RAMON, JR. 721 SISTINA 1.3 STREET ADDRESS CITY- ST- ZIP	FL 85 Zip Code De of changing its registered e appointment as registered
Total Sistina AVE CORAL GABLES FL 33146  82 Street Address (P.O. Box Number is Not Acceptable)  83	pse of changing its registered appointment as registered
CORAL GABLES FL 33146  83  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purportage of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, typical or profited name of registered agent and title if applicable  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS  TITLE  NAME  CORONA, RAMON, JR.  12. NAME  SIRRET ADDRESS  CITY- ST- ZIP  CORAL GABLES FL  1.3 STREET ADDRESS  CORAL GABLES FL  1.4 CITY- ST- ZIP	pse of changing its registered appointment as registered
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purportage of the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purportage of th	pse of changing its registered appointment as registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purport 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature: typical or profited name of registered agent and title if applicable.  NOTE: Registered Agent signature required when reinstating)  DELETE  1.1 TITLE  NAME  CORONA, RAMON, JR.  721 SISTINA  1.3 STREET ADDRESS  CITY- ST- ZIP  CORONAL GABLES FL.  1.4 CITY- ST- ZIP	pse of changing its registered appointment as registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purport 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature: typical or profited name of registered agent and title if applicable.  NOTE: Registered Agent signature required when reinstating)  DELETE  1.1 TITLE  NAME  CORONA, RAMON, JR.  721 SISTINA  1.3 STREET ADDRESS  CITY- ST- ZIP  CORONAL GABLES FL.  1.4 CITY- ST- ZIP	pse of changing its registered appointment as 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 agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typical or protect name of registered agent and title if applicable  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS  TITLE  NAME  CORONA, RAMON, JR.  1.1 TITLE  CORONA, RAMON, JR.  1.2 NAME  1.3 STREET ADDRESS  CITY- ST- ZIP  CORAL GABLES FL  1.4 CITY- ST- ZIP	e appointment as registered
Signature, typical or printed numerical agence and rate if applicable (NOTE: Registered Agent signature required when reinstating): DZ  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS  TITLE  NAME  CORONA, RAMON, JR.  12 NAME  13 STREET ADDRESS  CITY-ST-ZIP  13 STREET ADDRESS  CORAL GABLES FL  14 CITY-ST-ZIP	
Signature: typical or printed mainst of regulated agent and tritle if applicable (NOTE: Registered Agent signature required when reinstating): DZ.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS  TITLE  NAME  CORONA, RAMON, JR.  12. NAME  12. NAME  721 SISTINA  721 SISTINA  CORAL GABLES FL  1.4 CITY-ST-ZIP	
DELETE	
NAME	
STREET ADDRESS CORAL GABLES FL 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Change Addition
CITY-ST-ZIP CORAL GABLES FL 1.4 CITY-ST-ZIP	
0117-017-01	
TITLE I DELETE	
The Steel State	Change Addition
NAMÉ 2.2 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP 2.4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE	Change Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE	☐ Change ☐ Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE, 5.1 TITLE	Change Addition
NAME 5.2 NAME	
STREET ADDRESS 53 STREET ADDRESS	
CITY-SI-ZIP 54 CITY-SI-ZIP	
TITLE DELETE 6.1 TITLE	Change Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	•
CITY-ST-ZIP 64 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 finformation indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect 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.	