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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 25 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000067840 (5)

GEOFARMA, INC.

SIGNATURE:

Principal Place of Business			Mailing Address				t samtinde inn sarat attit ünter natti antit nasit antit idali intit unter antit ibus				
% 200 BISCAYNE BLVD. SUITE 4815 MIAMI FL 33131		% 200 BISCAYNE BLVD. SUITE 4815 MIAMI FL 33131									
							 Date Incorporated or Qualified 09/01/1995 		ate of Last 01/1996	' '	
2. Principal Place of Business			2a. Mailing Address 26				4. FEI Number Applied For 65-0608269 Not Applied For				
Suite, Apt. #, etc.		27								5 Additional Required	
City & State		28					6. Election Campaign Financing \$5.00 Ma Trust Fund Contribution Added to 6				
Zip	Country		Zip	L, Cou	untry	,	8. This corporation has liability for			r s. 199.032,	ı
4	25	29	 	30	_			Yes L			ļ
	9. Name and Address of Current	Hegis	stered Agent		81	NI	10. Name and Address of New Re	gistered	Agent		l
	JRO RATTI				01	Name				1	١
5775 COLLINS AVE #1105 MIAMI BEACH FL 33140						Street A	dress (P.O. Box Number is Not Acceptable)				
					83						
<u> </u>					84	City		FL	<u>. </u>	ip Code	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligat	of Flori	da. Such change was a	authorize	d by	the corp	corporation submits this statement for the portion's board of directors. I hereby acceptions	urpose of it the app	l changing ointment	j its registered as registered	
SIGNATURE	Signature, typed or printed name of registered agent	and pile	if applicable (NO)	E flegistere	d Āģe	ent signature i	equired when reinstaling)	DATE			
12.	OFFICERS AND	DIREC		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			l
TITLE	DPTS		☐ DELETË	1.1 T	TLF	ļ	AS .		Change	je 🔀 Addition	l
NAME	RATTI, MAURO			1.2 N	IAME	ķ	SALUSSOLIA, PIERO				İ
STREET ADDRESS	5775 COLLINS AVE. #1105			1.3 S	TREET	ADDRESS 2	200 S. Biscayne Blvd. S	uite	4815		J
CITY-ST-ZIP	MIAMI BEACH FL 33140			1.4 C	11Y - S		Iiami, Fl 33131				١
TITLE			DELETE	2.1 T	ITLE]			☐ Chang	e 🔲 Addition	١
NAME				22 N	3MA						١
Street address				235	TREFT	ADDRESS					ĺ
CITY-ST-ZIP	 					ST - ZIP					ı
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NAME				3.2 N	IAME						Į
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NAME				4.21	NAME	-				ļ	l
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TITLE			☐ DELETE	5.1 1	ΠLE	}			Chang	ge [_] Addition	١
NAME				5.2 N	AME					1	١
Street address				5.3 S	TREET	ADDRESS				l	١
CITY-ST-ZIP						T-ZIP					١
TITLE			☐ DELETE	6.1 1	ITLE	-			(Chang	je 🔲 Addition	I
NAME	İ			6.2 N	IAME						l
CTOCKY ADDDESS				0.00	TDEET	ADDRESS					í

14. I do hereby certify that the information supplied with this filing closs 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 eath; 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 13 if chapter in 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 13 if chapter in the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

4/18/97

(305)373-7016

PIERO SALUSSOLIA